NOTICE OF SOLICITATION

SERIAL 06113-RFP

REQUEST FOR PROPOSAL FOR: ELECTRONIC HEALTH RECORD SYSTEM, CHS

Notice is hereby given sealed proposals will be received by the Materials Management Department, Materials Management Center, 320 West Lincoln Street, Phoenix, Arizona 85003-2494, until **2:00 P.M. /M.S.T. on NOVEMBER 17, 2006** for the furnishing of the following for Maricopa County Proposals will be opened by the Materials Management Director (or designated representative) at an open, public meeting at the above time and place.

All Proposals must be signed, sealed and addressed to the Materials Management Department, Materials Management Center, 320 West Lincoln Street, Phoenix, Arizona 85003-2494, and marked **"SERIAL 06113-RFP REQUEST FOR PROPOSAL FOR ELECTRONIC HEALTH RECORD SYSTEM, CHS."**

The Maricopa County Procurement Code ("The Code") governs this procurement and is incorporated by this reference. Any protest concerning this Request for Proposal must be filed with the Procurement Officer in accordance with Section MC1-905 of the Code.

ALL ADMINISTRATIVE INFORMATION CONCERNING THIS REQUEST FOR PROPOSAL AND THE CONTRACTUAL TERMS AND CONDITIONS CAN BE LOCATED AT http://www.maricopa.gov/materials. ANY ADDENDA TO THIS REQUEST FOR PROPOSAL WILL BE POSTED ON THE MARICOPA COUNTY MATERIALS MANAGEMENT WEB SITE UNDER THE SOLICITATION SERIAL NUMBER.

PROPOSAL ENVELOPES WITH INSUFFICIENT POSTAGE WILL NOT BE ACCEPTED BY THE MARICOPA COUNTY MATERIALS MANAGEMENT CENTER

DIRECT ALL INQUIRIES TO:
STEVE DAHLE
PROCUREMENT OFFICER
TELEPHONE: (602) 506-3450

THERE WILL BE A MANDATORY PRE-PROPOSAL CONFERENCE ON OCTOBER 18, 2006, 9:00 AM AT THE MARICOPA COUNTY ADMINISTRATION BUILDING, 10TH FLOOR, BOS CONFERENCE ROOM, 301 WEST JEFFERSON STREET, PHOENIX, AZ 85003

NOTE: MARICOPA COUNTY PUBLISHES ITS SOLICITATIONS ONLINE AND THEY ARE AVAILABLE FOR VIEWING AND/OR DOWNLOADING AT THE FOLLOWING INTERNET ADDRESS:

http://www.maricopa.gov/materials/advbd/advbd.asp

TABLE OF CONTENTS

SERIAL 06113-RFP

NO RESPONSE

Respondents not responding to this Request for Proposal are asked to complete this document and return it to Maricopa County Materials Management Department, 320 W. Lincoln St., Phoenix, AZ 85003-2494 or fax to 602/258-1573.

MARK OUTSIDE ENVELOPE "SERIAL 06113-RFP

Responses must be received **BY 2:00 P.M., NOVEMBER 17, 2006**. Respondents failing to submit a proposal, or this document, may be subject to removal from the Maricopa County Materials Management Contractor List.

SERIAL **06113-RFP** TITLE: **ELECTRONIC HEALTH RECORD SYSTEM, CHS**

CONTRACTOR NAME: _____

ADDRESS: _____

PHONE: _____ CONTACT: _____

REASON FOR NOT SUBMITTING A PROPOSAL:

_____ Insufficient time

_____ Do not handle product/service

_____ Other: _____

_____

_____

SERIAL 06113-RFP

IMPORTANT

PLEASE READ BEFORE SUBMITTING YOUR PROPOSAL

M/WSBE CONTRACT PARTICIPATION

For this Contract a combined M/WSBE goal of 0% involvement is established for Minority/Women-Owned Small Business Enterprises (M/WSBE). This goal may be attained singularly or by any combination thereof to create the overall designated percentage involvement goal. Instructions and required forms are included in the Minority/Women-Owned Small Business Enterprise Program Contracting Requirements section. The Maricopa County Minority and Women-Owned Small Business Enterprise Program, revised June 14, 2000, is incorporated by reference

The Materials Management Department of Maricopa County will endeavor to ensure in every possible way that Minority and Women-owned Small Business firms shall have every opportunity to participate in providing professional services, materials, and contractual services to the Materials Management Department of Maricopa County without being discriminated against on the grounds of race, religion, sex, age or national origin. The Maricopa County Minority Business Program, effective January 1, 1992, is incorporated by reference.

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REQUEST FOR PROPOSAL FOR: ELECTRONIC HEALTH RECORD SYSTEM, CHS

1.0 INTENT:

Maricopa County (the County) is distributing this Request for Proposal for An Electronic Health Record System (EHR or the System) in an effort to identify a respondent (or multiple respondents) for providing these services and implementing a fully integrated system solution throughout its Department of Correctional Health Services (CHS or the Department).

The structure of this RFP is such that the Respondent may propose a single application or multiple systems addressing the needs of the department. Preference will be given to a single integrated system solution addressing the needs of CHS.

If a respondent proposes a multiple system solution, the County intends to treat the implementation as a single implementation. However, the County reserves the right to determine whether or not to proceed with implementation of any system regardless of the solution(s) proposed.

1.1. BACKGROUND:

CHS

As of about July 2006, CHS has been authorized to increase staffing to approximately 400 employees. CHS operates 14 medical, psychiatric, and dental clinics in six (6) different jails and detention facilities. The detention facilities also contain mini-clinics which CHS providers use for sick call appointments. For purposes of the System, the various buildings and clinics shall be deemed a single unit. Exhibit 3 provides an overview of the locations of clinics and anticipated inpatient facility profiles in which services will be performed, the number of providers, and volumes. Average daily inmate population is approximately 9,900. CHS providers have an average of 770 daily patient encounters that require treatment and documentation. A total of (11) Eleven Medical Record Technicians are responsible for overall maintenance and management of all medical records.

CHS has outsourced all pharmacy services and durable medical goods to an outside Pharmacy. The contracted pharmacy packages and delivers medications and other goods to CHS facilities. The contracted pharmacy provider will provide online ordering and tracking of deliveries.

To aid interested Respondents in understanding the requirements of this RFP, subject tours will be scheduled in conjunction with the mandatory Pre-Proposal conference.

2.0 SCOPE OF WORK:

2.1 MINIMUM SOLUTION REQUIREMENTS:

Correctional Health Services is seeking to purchase a comprehensive system that will collect data and manage patient information, allow for patient scheduling, maintain an electronic medical record and provide for administrative functions as outlined in Attachment E. It is seeking a system that is scalable and flexible enough to meet program goals and expected expansion for the next five years.

Furthermore, CHS and the County are considering only systems which are currently available and have been implemented in their current form. The Respondent is mandated to respond to this RFP considering the capabilities and functionality of the software version currently being installed as opposed to future versions schedule for future release. As noted below, CHS and the County are interested in only the current version's installation/implementation base. The Respondent is cautioned not to refer to future releases and how they will/might be able to meet current functionality requirements or mandatory capabilities (Attachments D, E and F).

2.2 Application Service Provider (ASP) Model

The County's intent is to obtain a system solution where the applicable application is housed on a Respondent's own servers or a third-party hosting site which would be accessed via dial-in and connecting to the County's VPN (Virtual Private Network) via the Internet. Location of servers is

discretionary. Taking into account efficiency, cost, and security, the Respondent's proposal should include recommendations for location based on the dynamics of the integration model. Mixed model solutions will also be considered. Furthermore, it is mandatory that the Respondent provide a full cost summary in response to this approach as outlined in attachment A.

2.3 MANDATORY SERVICE REQUIREMENTS OF PROPOSED SYSTEM

Service requirements as noted below shall be fully addressed, and at a minimum the System shall fully conform to all governing federal, state, and local laws, statutes, rules, and HIPAA regulations currently in effect. This requirement is mandatory.

The following represents the mandatory system capabilities. Please refer to Attachment D for a list of mandatory system capabilities which the Respondent is required to complete.

Table 1: Mandatory System Capabilities

Patient (Inmate) Management:
• Co-pay Management
• Referrals
• Appointment Scheduling
• Registration of DNR Orders
• Registration of Living Will
• Release of Information
• Report Capability
• Intake Interface
• Admission, Discharge, Transfer
• Merge/unmerge Record
• Alias Management
• Patient Tracking (interface)
• Patient Transport Management
• Special Accommodations
• Census Reporting

Clinical Operations by Provider:
• Problem List (complaints/diagnosis)
• Encounters
• Treatment Planning
• Clinical Guidelines/Pathways and Notes
• Orders & Results Reporting
• Consents
• Clinician Access View
• Clinical Decision Support
• Controlled Medical Vocabulary
• Charge Capture
• Patient Education
• Intake, Transfer, Release
• Admission Discharge, Transfer
• Referrals
• Flow Sheets
• Population Based Clinical Areas

Clinical Specialties:
• Pharmacy:
Order/Results Interface
Medication Administration
Drug-Drug/Allergy Interactions
Drug Look-up
Formulary Management
• Laboratory (in house and reference)
• Obstetrics
• Communicable Diseases (including tuberculosis and STDs)
• Family Planning
• Infirmary
• Psychiatrics
Testing Support
Mental Health Evaluation
Mental Health Screening
• Dental Care:
Appointment Scheduling
Screening
Charting
• Emergency Care Management

In addition to the Attachment D outlining the mandatory system capabilities, please refer to Attachment E for the CHS System Response Checklist for a listing of system functionality.

The County also wishes to review the proposed system's current functionality that may be taken advantage of in the future. Therefore, for information purposes only we are asking the Respondent to complete Attachment F: Functionality to Be Considered in the Future. While the completion of Attachment F is mandatory the results will not used as part of the selection criteria of a successful respondent.

In summary the completion of Attachments D, E and F are considered mandatory.

2.3.1 The Respondent should include in the response to the RFP, a description of how the proposed System(s) will address the operating environments of CHS.

The following summarizes the current general operating environmental requirements:

- Intake/Assessment. The Intake/Assessment process occurs as individuals are brought to the jail for booking. During this process it is determined if immediate medical attention is needed, if this treatment can be provided at the jail, and if this individual has any condition which would require attention while in jail.
- Medical Records. The medical record process is currently manual.
- Clinical/Ambulatory Care Operations.
- Infirmary/Inpatient Operations.
- Pharmacy (currently outsourced).
- Dental Care.
- Radiology (currently implementing a digital process)
- Laboratory (both in-house and referral labs).

- Psychiatry Ambulatory and Inpatient Operations.
- Telemedicine. CHS receives external consults via the Arizona Telemedicine Program.
- Restoration to Competency (RTC). The RTC program evaluates and restores to legal competency inmates deemed incompetent to stand trial.
- Inmates returning from "outside" healthcare facilities. Inmates receive specialty treatment at external healthcare facilities, such as hospitals or specialists, and are returned to the mainstream jail population as appropriate.

2.3.2 As part of the RFP please describe the proposed scanning solution for the current paper based medical records, records received by outside providers, data and other results not electronically interfaced. Please include in your response the number of scanners required and cost associated with the scanning solution (hardware and software). This should take into consideration the multiple locations of facilities and clinics (please refer to Exhibit 3). The cost should be included in your response to Attachment A: Pricing

2.4 CURRENT INFORMATION TECHNOLOGY (IT) ENVIRONMENT:

Maricopa County and/or CHS have standardized on the following architecture:

Hardware:

Desktops: The standard PC hardware is Dell, with the Windows XP operating system

Server hardware: The standard server hardware is HP/Compaq or Dell servers running under the Windows based operating system (2003)

Printer hardware: The County does not have a printer standard. CHS has set Hewlett Packard as their standard.

Scanner hardware: The County does not have a scanner standard. We are using several Imaging or EDMS products (On-Base, Imagenow, ChartMax) We scan into TIFF Group 4 compound formatted FILES (one multipage document per file). One department is using simple TIFF group 4 file format. Documents can be scanned in as a non-intelligent image or with an OCR type product as a full work search or data into a database type image. Our indexes are created in a SQLServer database. Any Scanner hardware used should use non-proprietary PC controller boards.

Fax hardware: CHS supports industry standard dedicated fax boards or API to remote fax server solution.

The County does not have a standard for the following:

Image data storage (SQLServer, or Oracle or DB2 for index and data or object storage)

Multimedia/video

Dictation/Transcription

Respondents must provide sufficient information to support their proposed solution for the above.

Network Architecture

The Maricopa County Enterprise Data Network is comprised of a core Marconi ATM switch infrastructure that is linked by dark fiber and Qwest ATM Cell relay services. This system provides data and voice PVC's to support remote voice and data network equipment. The Data network consists of core Cisco 6500/7500 routers and switches on a gigabit fiber switched

backbone that provides 1000/100/10 megabit switched Ethernet connections to the end stations at 25 major locations.

Web Architecture

The County standard is Microsoft Internet Explorer. Transmission data must be encrypted.

Application Architecture

The County standard falls into two major directions:

1. The Microsoft Windows environment with .NET, SSQServer forming the base
2. The Java environment with J2EE, JAVA, and Oracle or DB2 on UNIX

At present, CHS is receiving desktop and client support services from Maricopa County Sheriff's Office (MCSO), Technology Bureau.

CHS currently has 8 servers which run Microsoft Windows 2003 Server O/S; 449 PCs; 8 laptops; 9 Tablet PC's; 7 Blackberry Handheld devices; 164 Printers and 16 Tandberg Units – Telemedicine. All of the PCs in this environment run with Microsoft Windows XP O/S.

All of the PCs are Dell equipment models: GX150's; GX270's & GX280's

Current CHS processes are primarily paper-based. Table 1 below details the current systems in use at each location and some basic infrastructure information to assist in determining any interface, upgrade, or modification required.

Table 1 – Related Systems

Product/Respondent	Description	Sites	Anticipated Interface(s)
JMS	Mainframe-based system used to track inmates	Access provided via eTerm32 Software Connections on each CHS PC	■ Incoming demographics (to EHR). ■ Outgoing verification that medical screening occurred (to JMS). ■ Outgoing request for transport. ■ Incoming inmate location for scheduling.
Cloverleaf (Quovadx)	Interface engine	All	Proposed EHR interfaces will be directed through Cloverleaf.

2.4.1 ASP Related System Requirements

The following outlines the interconnectivity requirements Respondents must conform to when proposing an ASP model.

2.4.2 SYSTEM ACCESS VIA COUNTY VPN (Virtual Private Network)

2.4.2.1 All sites participating in this program are connected to the Maricopa County Wide Area Network (WAN). The larger Jail facilities are connected via gigabit backbone or fractional OC3 Asynchronous Transfer Mode (ATM). Smaller Sheriff locations supporting Telemedicine equipment are connected via a point to point T1 circuit. Respondents should specify their expected bandwidth requirements and any network latency issues they may have for the proposed application systems. Location of T-1 lines will be supplied during the negotiation process.

Respondents wishing to perform maintenance and/or support from remote locations on equipment in the County WAN, must connect via the County's

VPN through the Internet. VPN access requires a token card that is issued to an individual. These Token Cards are not to be shared among employees; the cards will be issued to person that requires access.

The cost of the token card is $50.00 each. Monthly usage fee of $8.00 per month, per card, will be assessed to the successful Respondent.

VPN access requires that a VPN client be installed on the remote PC. It will be the Respondent's responsibility to install the VPN client software and keep it upgraded as needed. Client installation instructions will be provided at the time of issuance of the token card. All persons requiring remote access must complete a "Respondent Remote Access Registration Form" and a "Respondent Remote Access Acceptable Use Form".

2.4.2.2 FOR SERVER TO SERVER AND/OR TRANSACTIONS TO REMOTE SERVERS

If a respondent's solution includes data storage and/or an Application Server running at a site that is not part of the County WAN, all transmissions to and from any remote location will be encrypted. Encryption will be triple DES or stronger and the remote units must be compatible with the County's existing encryption equipment. A typical configuration for this connection is a VPN unit at the County network and a VPN unit, from the same manufacturer, located at the remote site with a permanent encrypted tunnel established between them using the Internet as the carrier. This configuration is commonly called a "Branch Office Connection". This connection can also be used for transmission of transaction processing. If the Respondent has to access any of their equipment located on the County WAN, this connection may be used for that purpose instead of the use of a token card as described above.

2.5 DESIRED INTERFACES

The CHS envisions that the EHR will have the functionality of an integrated electronic medical record. The CHS desires the following interfaces using the HL7 standard.

Please note that unless otherwise specified, all interfaces for CHS shall be via the Cloverleaf (Quovadx) Interface Engine operated by ICJIS.

ICJIS - DEFINED

The Mission of the Maricopa County Integrated Criminal Justice Information System (ICJIS) is to enhance public safety, improve service to the community, and promote quality justice and law enforcement decision making by sharing information that is timely, secure, reliable and comprehensive. ICJIS specializes in the integration of disparate and divergent justice information systems and the elimination of duplicate, redundant data entry in justice systems. Five criminal justice stakeholder agencies comprise the governing bodies (Executive Committee, and Business Team), and consist of the Sheriff's Office, County Attorney's Office, Indigent Representation (Public Defender, Legal Defender, Contract Counsel, and Legal Advocate), Clerk of the Superior Court, and Superior Court (including Justice Courts, Juvenile Court, Pretrial Services, and Adult Probation). An Executive Director oversees a technical and professional staff including business representatives from the stakeholder agencies. The business analysts and technical staff ensure that the business and technical requirements of the multifaceted project are met. Strategic goal 1, from the strategic business plan, anticipates that by December 2005, ICJIS will facilitate the electronic exchange of information by developing and deploying prioritized data exchanges through the Integration Engine (message broker) so that participating County justice and law enforcement agencies can reduce data entry associated with increasing work loads through the elimination of redundant data entry. ICJIS is pursuing projects and data exchanges within its four programs: Integration of Data among County Justice Information Systems; ICJIS Infrastructure; State and Federal System Security; and Integration of Data with External Justice Information Systems.

CHS envisions that the SHE will be integrated with the JMS software, which is owned and operated by MCCOY. JMS is designed to identify inmates and track the movement and location of inmates throughout the jail and detention facilities. JMS currently includes screens to perform a pre-booking medical assessment; however, CHS intends to perform these activities on the EHR because JMS is not an optimal clinic management system and has not been designed to capture the medical/pharmaceutical-related information necessary for good clinic management. As JMS does not adhere to the HL7 standard, further definition will be necessary to determine the specific data trigger events, segments, and fields that will be exchanged between the EHR and JMS. However, at a high level, CHS desires the following interfaces:

- One-way incoming demographic interface from JMS for inmate identification.
- One-way incoming location update interface from JMS to determine the location where prescriptions should be filled and services provided (especially if the inmate is scheduled for services and has been transferred to another facility).
- One-way outgoing interface to request transport of inmates who have been scheduled for clinical services.

CHS will work with MCCOY to further define the nature and details of these interfaces. Please note that these interfaces may change as CHS' and McCoy's related requirements are further defined. The EHR must interface with the MCSO's jail management system (JMS) to obtain demographic data and facility location of the inmate. JMS interfaces through Cloverleaf software.

In addition to the JMS system, CHS desires the following interfaces using the HL7 standard:

- Two-way interface with the laboratory application to send lab requests and receive and store lab results (current vendor is SonoraQuest Lab)
- Two-way interface with the pharmacy application to send prescription and receive notice of prescriptions being filled, or a pharmacy modules within the EHR system (current vendor is Diamond Drugs Inc. DBA Diamond Medical Supplies DBA Diamond Pharmacy Services)

Please comment in your response on your ability to meet the requirements listed above.

2.6 IRIS SCAN INTEGRATION

It is the intent of CHS to implement a fully functional iris scan solution as part of its intake/assessment process. The selected iris scan solution will be implemented and available to fully integrate, and be an integral part of the EHRR solution. Although not currently in use, it is also the intent of MCSO to fully integrate an iris scan solution as part of its intake process. **PLEASE SEE ATTACHMENT G – QUESTIONNAIRE**

2.6.1 IRIS SCAN INTEGRATION

CHS has digital imaging devices in place. CHS requires that the image server is appropriately interfaced with the EHR. **PLEASE SEE ATTACHMENT G – QUESTIONNAIRE**

Please respond to Attachment G – Questionnaire in regards to integration of Image Server and applicable systems goals.

2.7 REPORTING AND QUERY CONFIGURATION

Please describe/explain your approach for addressing large or complex queries and/or reports so as not to interfere with the normal operations of the system.

2.8 DESIRED GOALS/INTENTIONS:

The purpose of this project is for CHS to convert from a paper-based medical record to a chartless integrated EHR. The system will include supporting software modules, technology, and interfaces as identified.

2.8.1 The EHR will be implemented for all of the County Correctional Health data interfaces and other approved sites. It is expected that because this RFP calls for an ASP Solution, the Respondent will provide all equipment, supplies, and labor within the scope of this solicitation.

2.8.2 The County expects that the EHR will reduce CHS cost of care while improving health care outcomes, as measured by the following criteria:

- Health care staff will have pertinent healthcare management data readily available to optimize patient care.
- Health care staff will use resources more efficiently and make better health care decisions due to reduction in the amount of time required to locate a patient's health care data.
- The EHR will standardize charting practices and improve patient health care documentation.
- CHS will manage health care information more efficiently and improve compliance with laws governing medical records management.

2.8.3 The EHR will be the basis for restructuring many of CHS' business processes. The improvements will include the following:

- Multiple providers will have immediate and simultaneous access to the medical chart.
- Reduce staff required to handle medical records and improve medical records management.
- The EHR will enable CHS to implement system wide cost-containment policies.
- The EHR will enable CHS to track patient data and process patient care more efficiently.
- The EHR will enable CHS to automate many healthcare functions and increase the staff's effectiveness.
- CHS will be able to reduce records storage space and related costs of storing medical records.
- CHS will be able to document compliance with NCCHC standards of accreditation.
- CHS will be able to provide data to community partners, such as the Department of Public Health (and vice versa) and the County's Regional Behavioral Health Authority, for the purpose of providing continuity of care to patients leaving the jails.
- CHS will be able to implement and improve the monitoring of inmate co-pays.
- CHS will be better able to establish, track and report on productivity and other business statistics related to all aspects of its operations. This includes: scheduling efficiencies (patients and staff), throughput, workflow monitoring, etc.

2.9 BUSINESS CONTINUITY; DISASTER RECOVERY; DATA BACKUP and RESTORE; ARCHIVE, RETENTION and DISPOSAL PRACTICES (MANDATORY)

Each Respondent's ASP proposal must include a full description of and provide a detailed overview for:

2.9.1 Your current and proposed business continuity practices and approaches as they relate to the daily operation and possible interruptions of service (outages). This should include a description of your data configuration model and your redundancy capabilities (including but limited to: telecommunications, geographic isolation of the data centers). The response should include a graphical representation of process and location of backup data centers.

2.9.2 Your current and proposed data backup and restore practices. This should include an explanation of the standards, procedures, methods, cycles, turnover, retention periods and offsite capabilities.

2.9.3 Your current and proposed disaster recovery procedures and standards and how they will be implemented into the proposed system solution to cover any disruptions in service (outages) and minimize any downtime.

2.9.4 Describe how you will meet the Federal, State and local Public Record Retention requirements for the effective and efficient archive, retention, and disposal of the electronic data that is entered, stored, handled, and/or distributed by your proposed solution.

2.10 RESPONDENT QUALIFICATIONS (MANDATORY)

While Respondents having specific experiences in implementing an EHR solution in a corrections facility will be given preference, similar implementation experiences in other healthcare provider settings will be considered. Respondents submitting a proposal in response to this RFP shall offer demonstrable history in similar environments regarding the following.

2.10.1 Has EHR experience (relevant to this solicitation) within the Healthcare Industry. Please outline specific experiences and if different from correctional health, include a detailed explanation of how the experience is relevant. In addition please provide a summary of the tenure in terms of the number of years and implementations the product has been in the market in its current version and past versions identified separately). Please be concise excessive responses will be disregarded.

2.10.2 Proposed Software and/or System Solution have been implemented and operational in a production environment for a minimum of (2) two years.

2.10.3 Demonstrated successful "like" implementations/conversions, within the past four (4) years. Include specific information (number of implementations/conversions) regarding successful "like" implementations/conversions within the same period, with contact information. If unsuccessful "like" implementations/conversions were attempted within the same period, provide detailed information regarding such, inclusive of reasons for failure.

2.10.4 Experience in implementing ASP solutions. Please outline similar implementations, historical experience and references for the items outlined above. Again, please be concise, excessive responses will be disregarded.

2.10.5 Respondents are required to provide copies of the most recent audited financial statements including all footnotes and management representation letters. In addition, please include copies of internal financial statements (income statement, balance sheet and cash flows) and any supporting schedules for the year-to-date period. Please mark all financial statements as "Proprietary" and Maricopa County will use best efforts to protect the information.

2.10.6 Respondents should outline the expected investment in the solution being proposed over the next 3 years. This should include current year expectations and future years broken down by period. The respondent should also outline the enhancements currently under development, expected release date(s) of the next version and, for information purposes only, expected cost of updates/upgrades. Please be concise, excessive responses will be disregarded.

2.10.7 Respondents should outline the process by which fixes and patches will be implemented and any associated cost to be borne by CHS.

2.10.8 HIPAA , Justice and Law Enforcement Security standards

The work to be performed under this contract must meet the requirements of the "Health Care Portability and Accountability Act of 1996" (HIPAA). Respondent and Respondent's personnel assigned to the project will be expected to execute a Business Associate Agreement with the County.

The systems deployed must not only meet the HIPAA transaction, coding and privacy standards but must meet the HIPAA as well as the Justice and Law Enforcement security standards as set by NIST, the FBI, NCIC and the State of Arizona DPS requirements.

2.11 IMPLEMENTATION (MANDATORY)

The Respondent shall develop, in response to this RFP, a Project Work Plan for implementing the proposed system solution(s). The Respondent should include additional information that will assist the County in making the final selection of a Respondent. Please be concise, excessive answers will be disregarded:

2.11.1 Evaluate current CHS environments

2.11.2 Shall be fully capable of determining the "best fit" for CHS, regarding total implementation alternatives

2.11.3 Shall be fully capable of identifying and making recommendations concerning the redesign of business process.

2.11.4 Shall be fully capable of providing "change management" recommendations, training requirements, and customization.

2.11.5 Provide a detailed “most likely case” implementation schedule, to include start date from award of Contract.

2.11.6 Document all requirements and specifications for integration and implementation.

2.11.7 Identify equipment, facility, personnel and logistical needs to be provided by CHS during the implementation of the solution. This should include but not be limited to training resources, subject matter experts etc. It is the County’s intent to use a complete life cycle approach to costing the implementation of the System. Therefore, and because the response to these questions will be referred to in the final contract, please be reasonable in your estimates.

2.11.8 Identify equipment, software, logistical support and personnel available to CHS during and after implementation.

2.11.9 Identify process for training of CHS personnel. This should include a detailed workplan which includes specific identification of training approach, number of sessions necessary to assure CHS personnel are trained adequately, the level of resources provided by the Respondent to lead and conduct training, etc. If proposing a “train the trainer” approach, please provide a summary of the necessary CHS personnel that will need to be dedicated to the training function, the skill set required and the time commitment that is expected. The cost and resources required are also required to be entered in Attachment A.

It is the intent of CHS to implement the proposed solution as a “This point forward” application. Integration of existing medical records will not be required or expected.

2.12 EHR SYSTEM SOLUTION IMPLEMENTATION

2.12.1 Overview of Requirements

A “successful implementation” is one where the Respondent’s system was implemented: (1) in production on schedule, (2) within the contracted budget , (3) supports the client’s day-to-day business functions and (4) an appropriate knowledge transfer to appropriately trained personnel .

CHS desire to implement the EHR system based on a reasonable time table. Therefore, Respondents should be able to commit to the work plan identified above.

The Respondent is expected to provide comprehensive guidance and experience with the selected system solution as well as evidence of its ability to work as a partner with the County throughout the implementation of these systems.

2.12.2 Maricopa County Organization and Staffing

The County anticipates establishing a Core Team consisting of members from each CHS and the County to participate in the implementation of the system. Assignment of applicable and adequate personnel will be designated by the County.

Project Manager - The Project Manager will direct and manage the project on a day-to-day basis and who have overall responsibility for the project. All Respondent lead consultants and managers as well as the County’s project staff will report to the Project Manager.

Project Team Staffing - Maricopa County will form a project team for CHS, led by a functional business area member(s), and organized around each of the major system modules/business functions.

Project Team Training - All project team staff – both functional and technical – will receive adequate and appropriate training to support this project as provided by the Respondent. The Respondent is expected to mentor the County's staff throughout the duration of this project. The Respondent is expected to review with the County's Project Manager (see 1 above) the proposed training schedule developed during the pre-implementation phase.

2.12.3 EHR System Solution (Respondent) Staffing Requirements

The County desires an EHR System Solution provider (Respondent) that can supply key implementation staff with the following qualifications:

- Has a strong local/county government and healthcare knowledge base and can bring valuable, practical experience (both functional as well as technical) to the implementation effort.
- Clearly understands the unique characteristics of CHS in general, and the specific needs of the County.
- Appreciates the County's need to exercise strict budgetary controls on this project, with specific emphasis on controlling project scope and implementation timeline.
- Brings leadership, enthusiasm, and optimism to the implementation.
- Can provide innovative solutions in applying the functional capabilities of the EHR application.
- Is highly qualified and experienced in the technologies and tools underlying this solution.
- Has substantial knowledge and expertise in the technical architecture and design of the system solution.
- Will provide continuity of project management and consultants throughout the duration of the project.
- Will provide a comprehensive transfer of their knowledge of the proposed system solution to the County.
- Is able to present 'best practices' solutions based on a thorough knowledge of how the system solution can be used in the unique CHS environment
- Can provide comprehensive and complete technical and functional/business training programs, with special emphasis on end-user training and documentation.
- Has in-house experience working through Change Management and Business Process Redesign issues.

The County requests the Respondent to provide a conceptual diagram of the Respondent's proposed staffing. This should include identification of experience level and corporate titles if appropriate.

In addition, the Respondent should include a summary of the resources it expects from CHS/County. This should include a summary of requisite skills and the level of effort/duration the resource will be required to commit to this project.

It is essential that the qualifications and ability of a Respondent enable it to take part in an expeditious implementation of the system solution while at the same time continuing to participate in a demanding long-term relationship with the County.

Resumes with titles of the project team members shall be included as part of the response to this solicitation (mandatory). Substitutions of other less qualified personnel may not be made at a later date without prior written approval of the County. The County expects that these personnel will be assigned as needed to achieve the implementation timeline. Replacement of such personnel, if approved by the County, shall be with personnel of equal ability and qualifications.

During the course of the contract, the County reserves the right to require the Respondent to reassign or otherwise remove from the project, without cause or further explanation, any Respondent employees found unacceptable by the County. The County reserves the right to accept or reject any proposed or assigned consultant, without cause, at any time during the duration of the project.

To the extent possible, functional/business consultants must be certified by the proposed software Respondent in the functional areas in which they will consult and be experienced in the configuration and implementation of the related modules. Prior to their assignment to the project, the Respondent must provide the County the resume of each individual including his/her certifications and experience.

2.13 PROJECT PLANNING AND ORGANIZATION

The Respondent is responsible for providing management of their own resources in order to meet the project goals and time schedule. The County at its discretion shall be responsible for providing management of its resources and will ensure the availability of sufficient CHS/ staff and resources to meet the goals and time schedule agreed to after award of the contract.

The Respondent will work closely with the Project Manager to jointly develop and maintain a detailed overall project plan and timeline.

In consultation with the Respondent, the Project Manager will establish the order and calendar for implementing the EHR system solution in CHS. The Respondent will be responsible for implementing the application using a phased approach in the order and time schedule agreed upon by the Project Manager.

2.14 TESTING AND IMPLEMENTATION

The Respondent will provide the following:

2.14.1 Guidance and assistance in developing test cases that will assure that all requirements stated in the final contract are met and fully operational at go-live plateau.

2.14.2 Guidance and assistance in developing test strategies, plans, and test cases to ensure that each module is ready for production and full operational at go-live plateau.

2.14.3 Recommendations and assistance in establishing testing criteria and metrics so that the customer can measure and validate compliance of the product to the requirements in the final contract.

2.14.4 Recommendations and assistance in developing production application implementation standards.

2.14.5 Review and advise on all established user acceptance criteria for the production environments.

2.15 RESPONDENT TEAM MANAGER

The Respondent must provide a full-time, on-site Team Manager for all Respondent staff/personnel for the duration of the project. The Respondent Team Manager will report to the Project Manager.

The Team Manager will be responsible for acquiring, scheduling, and managing all Respondent resources assigned to this project. The Team Manager will consult with and advise the Project Manager on project planning, implementation methodology, scope definition, functionality, best practices, training and on all other Respondent matters needed to ensure that the implementation is successfully completed. Additionally, the Team Manager shall immediately alert the Project Manager to any observed threats to the successful, on-schedule, within budget completion of the project and present strategies and plans for correction.

The Team Manager must work at the direction of the Project Manager. The County "owns the project" and the Project Manager will direct all project activities on behalf of the County.

As project management continuity is important, the Respondent shall agree that, unless directed by the County, the Team Manager will remain with the County project for the duration of the project, subject to his or her continued employment with the Respondent.

The Team Manager must have substantial experience in managing projects of comparable size and complexity to that being proposed. The Team Manager must be expert in the implementation of the proposed Respondent's systems in medium to large governmental organizations.

2.16 RESPONDENT RESPONSE EHR SYSTEM:

It is mandatory that the Respondent complete all attachments including both pricing schedules (ASP and in-house) All sections included/attached demand a full response.

2.17 RESPONDENT RESPONSIBILITIES AND POLICY GUIDELINES:

Prior to approval to work in County jails or detention facilities, all Respondent employees or subcontractors assigned to this project who may require access to the jails or the JMS system shall be subject to a background check including, but not limited to, fingerprinting and a check for outstanding warrants or convictions, and clearance by the Maricopa County Sheriff's Office.

2.18 TAX

No tax shall be levied against labor. Bid pricing to include all labor, overhead, tools, equipment used, profit, and any taxes that may be levied. It is the responsibility of the bidder to determine any and all taxes and include the same in bid price.

2.19 REFERENCES:

Respondents must provide at least three (3) (preference is for five (5)) reference accounts to which they are presently providing this service (see Attachment C). Included must be the name of the government or company, individual to contact, phone number, street address, e-mail address and the number of years where the system being proposed herein has been implemented (in a live status). Preference in awarding this Contract may be given to Respondents furnishing government accounts similar in size and scope to CHS.

In addition, the County requests that all respondents provide a comprehensive listing of all implementations related to the version of software proposed in this RFP. The list must include the name of the organization, status of the implementation (to be started, in process, completed, abandoned) the date the implementation started, for those that have been completed, or are in process of being completed, the duration of the implementation process and include the number licensed concurrent users related to each implementation..

2.20 TERMS AND PAYMENT:

The following summary sets fourth the basic terms of payment used by the County on similar projects However, the County wants to encourage Respondents to propose alternative payment methodologies that incorporate risk sharing arrangements based on attaining critical milestones and completing a timely, on budget, successful implementation.

Typical Payment Terms:

- 25% System Implementation Cost - Contract Signing and Delivery of Implementation Schedule
- 25% System Implementation Cost - Installation completion to include establishment of connectivity.
- Upon meeting successful "go live" date, 25% of system/implementation cost.
- 90 days after "go live" date, with fully successful operations determination, 25% of system/implementation cost.

Regardless of whether or not a risk sharing arrangement is agreed to, payment under Contract will be made in the manner provided by law. Invoices shall be prepared and submitted in accordance with the instructions provided on the Purchase Order. Invoices shall contain the following information: Purchase Order number, item numbers, description of services provided, supplies delivered and other related costs, sizes, quantities, unit prices and extended totals and applicable sales/use tax. In addition, if a risk sharing arrangement is agreed to, any calculation/detail description/etc, supporting payments that are not specifically tied to services/supplies (e.g., incentive payments). The County is not subject to excise tax.

The Respondent will submit an invoice for supplies and/or services, to:

Billing Name
Billing Title
301 West Jefferson St
Phoenix, AZ 85003

The County will remit payment for such invoices in full within thirty (30) days of the invoice date.

An error in the invoice may cause the entire billing to be returned to the Respondent for correction, which would delay the processing for payment.

Respondent will submit sample invoices with RFP response.

The County will, within 30 working days from the date of receipt of the invoice, process and sends to Finance an invoice for payment. The Project Team Manager and or their designee may adjust the invoice for items disallowed in accordance with the terms of this Contract and will submit the claim for payment at the adjusted rate. If the Respondent protests the disallowance, the Respondent must provide, in writing, notice to the Project Team Manager or designated representative of the disputed claim.

2.21 ACCEPTANCE

The following process will be used regardless of the system(s)

2.21.1 **SYSTEM SOLUTION ACCEPTANCE**

A. Project/System Completion Criteria/Deliverables

The minimum completion criteria for the implementation of the proposed Respondent's software will be as follows:

1 Functional, integration, and stress acceptance testing at the unit, system, and enterprise level will be satisfactorily completed for each module/component, including employee self-service and electronic workflow.

2 Documentation of business processes and, end-user procedures, and completion of the training plan for customers and technical staff.

3 System interfaces are to be designed, developed, tested and implemented (internal as well as external).

4 Migration/conversion of all legacy data must be completed and validated for independent audit to reconcile all data extracts, transformations, and loading into the new EHR system.

5 All data sharing between EHR and other County systems will be tested and the individual transactions will be validated and tested and audited as meeting the requirements.

6 Technical system management procedures will be documented and in place at initial go live

7 Documentation will be provided on the system roll-out/initial go-live plan.

8 System initial go-live will be achieved on time and within the budget. The final go-live and acceptance will occur 180 days after the initial go-live. This 180 day period starting after initial go-live will be designated as the "break-in" period.

B. For Customer's Initial purchase or for any subsequent purchase of any equipment and/or software product.

1. Respondent shall provide for an initial acceptance test and validation period (the "test period") that commences after System Installation, Configuration, and Setup.

2. Installation shall be defined as:

   a. the equipment (Server, hardware and peripherals), if any, are put together with the required Operating system and other related supportive software;

   b. the application software and database are installed on the related server(s) and/or personal computer(s); and

   c. Pre-implementation customer or technical training, if any, is completed.

3. Configuration and Setup shall be defined as

   a. building all the System parameters for operating, for communicating, for access, for actions, etc.

   b. building the Master, Look-up, and Rules tables that will form the foundation for the actual client medical records transactions to be processed against, and

   c. providing and putting in the mapping and transformation criteria for data sharing between EHR and each individual connected external system.

4. During the Test Period, the County shall determine whether the Equipment and Software meet the Respondent's published electronic documented requirements, for the business and technical listed features, functions, data, and integration ("Specifications"). A Requirements Traceability process will be established by the vendor to allow the County to verify and validate that each requirement has been included and tested (meeting the operational levels defined), to create test cases for all requirements, and to use for final acceptance certification.

5. The Test Period shall last as long as it takes to validate and certify that all specified RFP requirements have been satisfied. Once the Test Period is

concluded and the Initial Acceptance is given, the solution will be given a status of Initial Go-Live

6. The Break-In Test Period will commence from Initial Go-Live and last 180 days. This 180 period will have the Respondent system in a live operational production state where the business customers can use the system in their natural business processes and surroundings, and determine if there are any left-over anomalies.

7. The County is required to provide a formal written response to the Respondent for any discovered issues with the solution found during either the Initial Test Period or the Final 180 day Break-In Period. If the County fails to give the Respondent a written deficiency statement within 30 days of specifying how the equipment or software fails to meet the Specification ("Deficiency Statement') the Equipment and Software shall be deemed accepted upon the stated and approved Final Go-Live Date.

8. If the County provides a Deficiency Statement within either Test Periods, the Respondent shall have 30 days to correct the deficiency, and the County shall have an additional 60 days from the delivery and installation of the fix to evaluate the equipment and software.

9. If the Equipment or Software does not meet the Specifications at the end of the second 60 day test period, either the County or Respondent may terminate this Agreement. Upon any such termination, the County shall return all equipment and software to the Respondent and Respondent shall refund any monies paid by the County to the Respondent. Neither party shall then have any further liability to the other for the products that were the subject of the Acceptance Test.

2.22 **ACCEPTANCE CRITERIA -** In order to insure that contractual requirements are met, an acceptance criterion will be a mandatory segment and measured part of the business and technical project implementation evaluation. The acceptance criteria located in the Acceptance Criteria Summary Table represent the major categories of criteria that will be developed by the County to measure the viability, reliability, and capability of the selected technology solution. Some properties will have 2 levels in their acceptance criteria, "precision requirements" or a "regular requirements". The applicable acceptance criteria must be met before any Acceptance Signoff and Final Payment are made.

2.22.1 **TESTING.** It is the responsibility of the Respondent to identify each requirement as stated in the Final Contract and match it to a specific module, program, routine, and/or page/screen so that the County can easily and quickly create test cases and conduct through actual usage the proof of the Respondent solution satisfying those listed requirements. The application and technology environment will be inspected and tested physically and microscopically, by both the business, technology, and telecommunication specialists. Necessary tests will be conducted and the findings, along with the test data results furnished by either the County or the manufacturer, will be used to ascertain whether the specifications have been complied with, and will be compared with the standard outcomes expected to determine their conformity in response time, data integrity, feature, function, or integration qualities. Recommendations of acceptance or rejection of the product will be based on these tests and furnished test reports. Failure of the County to notify the Respondent of an acceptance or a rejection within 90 calendar days after test conclusion shall be deemed as final acceptance by the County. Tests may be performed by the County without limitation either on test cases or data developed by the County or from tests performed and reported by the Respondent pursuant to the provisions of this contract. All testing and measurements are to be made against the Mandatory or Primary RFP requirements first, with Optional or Non-Mandatory requirements being second. **Note**: Some tests may need to be run more than once, either sequentially or in parallel. Unit testing, System Testing, Integration Testing, and

Enterprise-wide Testing will be accomplished to insure all products or modules are working individually and together before Final Acceptance will occur. For the testing, acceptance and implementation phases, the Respondent will provide

1. Guidance and assistance in developing test cases that will assure that all requirements stated in the RFP are met and fully operational at initial and Final Go-Live
2. Guidance and assistance in developing test strategies, plans and test cases to ensure that each module is ready for production and fully operational at initial and Final Go-Live
3. Recommendations and assistance in establishing testing criteria and metrics so that the customer can measure and validate compliance of the product to the requirements in the Final Contract.
4. Recommendations and assistance in developing production application implementation and operational standards.
5. Review and advise on all established user acceptance criteria for the production environments.

2.22.2 **REJECTION.** The Respondent will be notified in writing of any determination of the County contracting officer that the County has rejected some non-conforming products. The decision of the contracting officer shall be final and conclusive unless within 15 days from the date of receipt of said decision, the Respondent mails or otherwise furnishes to the contracting officer a written request for retesting of the allegedly deficient item(s). Such request must include specific rationale for the dispute along with supporting documentation such as the manufacturer's test data for each item in question. In the event of such request, the County Project Manager and staff will perform a new retest. At the option of the County, the new test will be made on the representative unmet requirements by the appropriate test cases and data or through resubmission of retest and results by the Respondent/manufacturer.

1 If a requested retest confirms the original test results for the item rejected, the County will use the results to determine if it wishes to continue with the project, cancel the project, or seek damages from the Respondent according to Procurement code or contract terms.

2 If a requested retest does confirm the satisfaction of the requirement and related acceptance criteria, the project will continue as planned.

2.22.3 **REMOVAL OF DEFICIENT ITEMS** - If the Respondent fails to request the retest within the period herein provided, the County again must make the determination as to its next step - if it wishes to continue with the project, cancel the project, or seek damages from the Respondent according to Procurement Code or contract terms. If it is determined that the project is to be cancelled, the Respondent will remove any and all technology from the County within 30 calendar days after receipt of notice of rejection and cancellation. The Respondent will return all data and documentation to the County within the same time period. All County data in the possession of the Respondent must be completely disposed of according to County data disposal Policy and Standards. Should the Respondent fail to furnish disposition instructions to the County within the 30 calendar day period specified above, the County shall charge the Respondent’s account for storage and handling charges at the rate set forth by the County. Furthermore, if the contract is cancelled or specific items are found deficient, all payments made to date to the Respondent under this contract related to the deficient items (including but not limited to the entire contacting period if the Contract is cancelled) must be returned within 60 days of the termination of the contract. This does not preclude the County from seeking further damages under the Procurement Code.

2.22.4 **CHARGES FOR RETEST** - The Respondent shall reimburse the County for their cost for each **Retest** requested or required due to product anomalies regardless of the results of the retest. This is an administrative fee to cover the County's handling and additional testing resources used as well as time delays in the Final Go-Live project dates.

2.22.5 **APPEAL** - The decision of the contracting officer to reject deficient items based upon the original inspection or test, and/or the result of a reinspection/retest requested by the Respondent in accordance with the provisions of this paragraph (a), shall be final and conclusive unless within 90 days of receipt of said decision, the Respondent furnishes the County a notice of pursuant to the Disputes code. The decision of the County is final. Pending final decision of an appeal hereunder, the Respondent shall proceed diligently with performance and in accordance with the contracting officer's decision. Any item rejected by the contracting officer on appeal shall be removed in accordance with the provisions of Paragraph (c).

2.22.6 **RISK OF LOSS** - The risk of loss for damage from or destruction to any asset of the County for any item covered by this contract shall remain with the Respondent until final acceptance by the County, at which time, it shall pass to the County, regardless of when or where the County takes physical possession. The County reserves the right to pursue losses caused by the product after Final Go-Live.

2.22.7 **REPLACEMENT OF REJECTED ITEMS -** Rejected items should be handled and replaced with working products within a reasonable period depending on the severity and priority of the requirement(s) it was listed to satisfy. It is desired that replacement should occur within 7 calendar days after receipt of notice of rejection unless otherwise authorized by the contracting officer. Respondent must identify replacement items and delivery dates. Additional costs incurred by the County due to delay in making replacement items available will be charged to the Respondent's account in accordance to code.

2.22.8 **LATENT DEFECTS -** Latent defects are defects discovered after acceptance. Any defect discovered after Initial GO-LIVE and before Final Go-Live (90 day period) will be formally communicated to the Respondent and corrected by the Respondent before Final Acceptance can occur and before Final Payment will happen. Any defect discovered after Final Go-Live and Final Payment, will be formally communicated to the Respondent and the Respondent (depending on the severity of the defect and its impact on the business operation) must respond to and correct the defect per the defect correction fix schedule set in the contract Unsatisfactory performance are causes for rejection penalty or contract cancellation.

2.22.9 **DEDUCTIONS -** The Respondent will be notified in writing of any loss incurred by the County because of product defects of any kind, with costs listed for which a charge will be made to their account. Charges will be made at current rates for labor, machine time, stock, and material, etc. No deduction will be made unless the estimated loss to the County exceeds $100.00.

2.23 FACILITIES:

During the course of this Agreement, the County shall provide the Respondent's personnel with adequate workspace for consultants and such other related facilities as may be required by Respondent to carry out its obligation enumerated herein.

2.24 DELIVERY:

It shall be the Respondent's responsibility to meet the proposed delivery requirements (implementation schedule). The County reserves the right to obtain services on the open market in the event the Respondent fails to make delivery and any price differential will be charged against the Respondent.

2.25 USAGE REPORT:

The Contractor shall furnish the County a quarterly usage report delineating the acquisition activity governed by the Contract. The format of the report shall be approved by the County and shall disclose the quantity and dollar value of each contract item by individual unit.

2.26 TRAINING:

1. The Contractor shall provide training to assure CHS operations and technical staff is completely trained and can demonstrate proficiency in the use of the proposed system. **Project Team Training** - All project team staff – both functional and technical – will receive adequate and appropriate training to support this project. The Respondent is expected to mentor Maricopa County staff throughout the duration of this project. The Respondent is expected to review with Maricopa County's Project Manager the proposed training schedule developed during the pre-implementation phase (see section 2.11.9 for additional training requirements)

2.27 INVOICES AND PAYMENTS:

2.27.1 **The Contractor shall submit two (2) legible copies of their detailed invoice before payment(s) can be made. At a minimum, the invoice must provide the following information:**

2.27.1.1 Company name, address and contact
2.27.1.2 County bill-to name and contact information
2.27.1.3 Contract Serial Number
2.27.1.4 County purchase order number
2.27.1.5 Invoice number and date
2.27.1.6 Payment terms
2.27.1.7 Date of service or delivery
2.27.1.8 Description of Purchase (product or services)
2.27.1.9 Pricing per unit of purchase
2.27.1.10 Extended price
2.27.1.11 Arrival and completion time (if applicable)
2.27.1.12 Total Amount Due

Problems regarding billing or invoicing shall be directed to the using agency as listed on the Purchase Order.

2.27.2 Payment will be made to the Contractor by Accounts Payable through the Maricopa County Vendor Express Payment Program. This is an Electronic Funds Transfer (EFT) process. After Award the Contractor shall fill out an EFT Enrollment form (to be provided by the Procurement Officer) or as located on the County Department of Finance Website as a fillable PDF document (www.maricopa.gov/finance/).

2.27.3 EFT payments to the routing and account numbers designated by the Contractor will include the details on the specific invoices that the payment covers. The Contractor is required to discuss remittance delivery capabilities with their designated financial institution for access to those details.

2.28 TAX: (SERVICES)

No tax shall be levied against labor. It is the responsibility of the Contractor to determine any and all taxes and include the same in proposal price.

2.29 DELIVERY:

It shall be the Contractor's responsibility to meet the proposed delivery requirements. Maricopa County reserves the right to obtain services on the open market in the event the Contractor fails to make delivery and any price differential will be charged against the Contractor.

2.30 CONTRACTOR TRAVEL:

When requested and approved, in writing for contractor to perform work that requires overnight accommodations or travel, the Contractor shall be bound and reimbursed by the policies and rates specified in the current Maricopa County Travel Manual. The Contractor shall itemize all per diem and lodging charges and provide receipts with the next invoice for services. Non-reimbursable travel costs will not be reimbursed to the Contractor. The Travel Manual may be viewed or downloaded from the internet at:
http://ebc.maricopa.gov/library/finance/pdf/travel_manual.pdf
The projected cost of all travel, food and lodging expenses for this project should be proposed and priced in Exhibit A, as a not to exceed percentage of the total contract price.

3.0 **SPECIAL TERMS & CONDITIONS:**

3.1 CONTRACT TERM:

This Request for Proposal is for awarding a firm, fixed price purchasing contract to cover a five (5) year period.

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of five (5), one (1) year options, (or at the County's sole discretion, extend the contract on a month to month basis for a maximum of six (6) months after expiration). The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period.

3.3 PRICE ADJUSTMENTS:

Any requests for reasonable price adjustments must be submitted sixty (60) days prior to the Contract expiration date. Requests for adjustment in cost of labor and/or materials must be supported by appropriate documentation. If County agrees to the adjusted price terms, County shall issue written approval of the change. The reasonableness of the request will be determined by comparing the request with the (Consumer Price Index) or by performing a market survey.

3.4 INDEMNIFICATION AND INSURANCE:

3.4.1 INDEMNIFICATION

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions or mistakes relating to the performance of this Contract. Contractor's duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss

or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting there from, caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes Contractor may be legally liable.

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of County.

3.5 INSURANCE REQUIREMENTS

Contractor, at Contactor's own expense, shall purchase and maintain the herein stipulated minimum insurance from a company or companies duly licensed by the State of Arizona and possessing a current A.M. Best, Inc. rating of B++6. In lieu of State of Arizona licensing, the stipulated insurance may be purchased from a company or companies, which are authorized to do business in the State of Arizona, provided that said insurance companies meet the approval of County. The form of any insurance policies and forms must be acceptable to County.

All insurance required herein shall be maintained in full force and effect until all work or service required to be performed under the terms of the Contract is satisfactorily completed and formally accepted. Failure to do so may, at the sole discretion of County, constitute a material breach of this Contract.

Contractor's insurance shall be primary insurance as respects County, and any insurance or self-insurance maintained by County shall not contribute to it.

Any failure to comply with the claim reporting provisions of the insurance policies or any breach of an insurance policy warranty shall not affect the County's right to coverage afforded under the insurance policies.

The insurance policies may provide coverage that contains deductibles or self-insured retentions. Such deductible and/or self-insured retentions shall not be applicable with respect to the coverage provided to County under such policies. Contactor shall be solely responsible for the deductible and/or self-insured retention and County, at its option, may require Contractor to secure payment of such deductibles or self-insured retentions by a surety bond or an irrevocable and unconditional letter of credit.

County reserves the right to request and to receive, within 10 working days, certified copies of any or all of the herein required insurance policies and/or endorsements. County shall not be obligated, however, to review such policies and/or endorsements or to advise Contractor of any deficiencies in such policies and endorsements, and such receipt shall not relieve Contractor from, or be deemed a waiver of County's right to insist on strict fulfillment of Contractor's obligations under this Contract.

The insurance policies required by this Contract, except Workers' Compensation, and Errors and Omissions, shall name County, its agents, representatives, officers, directors, officials and employees as Additional Insureds.

The policies required hereunder, except Workers' Compensation, and Errors and Omissions, shall contain a waiver of transfer of rights of recovery (subrogation) against County, its agents, representatives, officers, directors, officials and employees for any claims arising out of Contractor's work or service.

Contractor is required to procure and maintain the following coverages indicated by a checkmark:

3.5.1 Commercial General Liability:

Commercial General Liability insurance and, if necessary, Commercial Umbrella insurance with a limit of not less than $1,000,000 for each occurrence, $2,000,000 Products/Completed Operations Aggregate, and $2,000,000 General Aggregate Limit. The policy shall include coverage for bodily injury, broad form property damage, personal injury, products and completed operations and blanket contractual coverage, and shall not contain any provision which would serve to limit third party action over claims. There shall be no endorsement or modification of the CGL limiting the scope of coverage for liability arising from explosion, collapse, or underground property damage.

3.5.2 Automobile Liability:

Commercial/Business Automobile Liability insurance and, if necessary, Commercial Umbrella insurance with a combined single limit for bodily injury and property damage of not less than $1,000,000 each occurrence with respect to any of the Contractor's owned, hired, and non-owned vehicles assigned to or used in performance of the Contractor's work or services under this Contract.

3.5.3 Workers' Compensation:

Workers' Compensation insurance to cover obligations imposed by federal and state statutes having jurisdiction of Contractor's employees engaged in the performance of the work or services under this Contract; and Employer's Liability insurance of not less than $100,000 for each accident, $100,000 disease for each employee, and $500,000 disease policy limit. (N.B. - $1,000,000 limits on larger contracts)

Contractor waives all rights against County and its agents, officers, directors and employees for recovery of damages to the extent these damages are covered by the Workers' Compensation and Employer's Liability or commercial umbrella liability insurance obtained by Contractor pursuant to this Contract.

3.5.4 Errors and Omissions Insurance:

Errors and Omissions insurance and, if necessary, Commercial Umbrella insurance, which will insure and provide coverage for errors or omissions of the Contractor, with limits of no less than $1,000,000 for each claim.

3.5.5 Certificates of Insurance.

3.5.5.1 Prior to commencing work or services under this Contract, Contractor shall furnish the County with certificates of insurance, or formal endorsements as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall identify this contract number and title.

In the event any insurance policy (ies) required by this contract is (are) written on a "claims made" basis, coverage shall extend for two years past completion and acceptance of **Contractor's** work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to **County** fifteen (15) days prior to the expiration date.

3.5.5.2 Cancellation and Expiration Notice.

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

3.6 BOND REQUIREMENT:

Prior to award and issuance of a formal contract, it is the intent of the County to negotiate a formal and detailed Bond Requirement and Progress Payment Plan agreement. The context of this agreement will be formulated to offer the County with the most cost effective, reasonable protection against default and/or unacceptable performance. At minimum it is anticipated that this agreement will consist of one of, or a mixture of the following structures:

(A) A Performance Bond equal to the 50% of the awarded contract amount for conditioned upon the faithful performance of the Contract in accordance with plans, specifications and conditions thereof. Such bond shall be solely for the protection of the Contracting Agency awarding the Contract. In accordance with the contracted Acceptance plan, the County will require Performance Bond to remain in place until 30 Days after the Break In phase of the project.

It will be the County's intent to negotiate a Progress Payment Schedule with the awarded vendor under this scenario. However, with the posting of a Performance Bond, it is anticipated that the progression of payments would be structured differently, with less hold back than identified in Section B (Below).

Each such bond shall include a provision allowing the prevailing party in a suit on such bond to recover as a part of his judgment such reasonable attorney's fees as may be fixed by a judge of the court.

Each bond shall be executed by a surety company or companies holding a certificate of authority to transact surety business in the State of Arizona issued by the Director of the Department of Insurance. The bonds shall not be executed by an individual surety or sureties. The bonds shall be made payable and acceptable to the County. The bonds shall be written or countersigned by an authorized representative of the surety who is either a resident of the State of Arizona or whose principal office is maintained in this state, as by law required, and the bonds shall have attached thereto a certified copy of the Power of Attorney of the signing official. In addition, said company or companies shall be rated "Best-A" or better as required by the County, as currently listed in the most recent Best Key Rating Guide, published by the A.M. Best Company.

(B) In lieu of Bond the County will consider alternative means of assurance. To include:

1. Total payment for Software shall be paid upon acceptance and based on the following payment schedule:

   Subject to negotiation, incremental/progress payment schedule shall be as follows:

   - **50% Software Costs - (60) Sixty Days after "Go Live" date as determined by mutually agreed upon Acceptance Plan designated in final contract.**
   - **50% Software Costs - Within 30 days after the "Break In" phase.**

2. In addition, Implementation costs will be based on a payment schedule as detailed below:

   Subject to negotiation, incremental/progress payment schedule shall be as follows:

   - **75% System Implementation Costs will be paid as progress payments against mutually agreed upon DELIVERABLES and ACCEPTANCE PLAN as defined in Scope of Work of Final Contract.**

Awarded vendor will invoice against each identified Implementation Deliverable. Each Deliverable will be payable upon acceptance of that deliverable, less a 25% Hold Back.

- **25% System Implementation Costs (derived from 25% Hold Backs) will be payable within 30 days after final acceptance of Implementation and "Break In" phase date.**

3.7 SCHEDULE OF EVENTS

Request for Proposals Issued: **SEPTEMBER 21, 2006**
Deadline for written questions (48) hours after Pre-Proposal meeting). No questions will be responded to prior to the Pre-Proposal Conference. All questions must be submitted to (SDAHLE@MAIL.MARICOPA.GOV) and be received by 11:00 AM Arizona time. All questions and answers will be posted to www.maricopa.gov with the original solicitation.

Deadline for submission of proposals is 2:00 P.M., MST, on **NOVEMBER 17, 2006**.All proposals must be received before 2:00 P.M. on the above date at Maricopa County Materials Management Department, 320 West Lincoln Street, Phoenix, AZ 85003.

Mandatory Site Walk Through	**OCTOBER 19, 2006**
Proposed Review of Proposals and Short List Decision:	**DECEMBER 18, 2006**
Proposed Respondent Presentations/DEMONSTRATIONS: (If Required)	**DECEMBER 26, 2006**
Site Visits to Current Vendor Sites (If Required)	**JANUARY 8, 2006**
Proposed Selection and Negotiation:	**JANUARY 15, 2006**
Proposed Best & Final (If Required)	**JANUARY 22, 2006**
Proposed Award of Proposal:	**FEBRUARY 2007**

All responses to this Request for Proposal become the property of Maricopa County and (other than pricing) will be held confidential, to the extent permissible by law. The County will not be held accountable if material from proposal responses is obtained without the written consent of the Respondent by parties other than the County.

3.8 INQUIRIES AND NOTICES:

All inquiries concerning information herein shall be addressed to:

MARICOPA COUNTY
DEPARTMENT OF MATERIALS MANAGEMENT
ATTN: CONTRACT ADMINISTRATION
320 W. LINCOLN ST.
PHOENIX, AZ 85003

Administrative telephone inquiries shall be addressed to:

STEVE DAHLE, STRATEGIC CONTRACT MANAGER, 602-506-3450
(sdahle@mail.maricopa.gov)

Inquiries may be submitted by telephone but must be followed up in writing. No oral communication is binding on Maricopa County.

3.9 INSTRUCTIONS FOR PREPARING AND SUBMITTING PROPOSALS:

Respondents shall provide one (1) original hard copy (labeled) and EIGHT (8) hardcopy copies of their proposal, plus two (2) electronic copies, including pricing, on CD. **Respondents shall address proposals identified with return address, serial number and title in the following manner:**

Maricopa County Department of Materials Management
320 W. Lincoln St.
Phoenix, AZ 85003

SERIAL 06113–RFP ELECTRONIC HEALTH RECORD SYSTEM, CHS

Proposals must be signed by an owner, partner or corporate official who has been authorized to make such commitments. All prices shall be held firm for a period of one hundred fifty (150) days after the RFP closing date.

3.10 EXCEPTIONS TO THE SOLICITATION:

The Respondent shall identify and list all exceptions taken to all sections of 06113–RFP and list these exceptions referencing the section (paragraph) where the exception exists and identify the exceptions and the proposed wording for the Respondent's exception under the heading, "Exception to the PROPOSAL Solicitation, SERIAL 06113-RFP**." Exceptions that surface elsewhere and that do not also appear under the heading, "Exceptions to the PROPOSAL Solicitation, SERIAL 06113-RFP," shall be considered invalid and void and of no contractual significance.**

The County reserves the right to reject, determine the proposal non-responsive, enter into negotiation on any of the Respondent exceptions, or accept them outright.

3.11 GENERAL CONTENT:

The Proposal should be specific and complete in every detail. It should be practical and provide a straightforward, concise delineation of capabilities to satisfactorily perform the Contract being sought.

The Respondent should not necessarily limit the proposal to the performance of the services in accordance with this Request for Proposal but should outline any additional services and their costs if the Respondent deems them necessary to accomplish the program.

3.12 FORMAT AND CONTENT: NOTE THIS SECTION NEEDS TO BE REVIEWED IN DETAIL UPON FINAL DRAFT TO ASSURE ALL POINTS ARE REFERENCED AND TO THE EXTENT AGREED UPON THE CREATION OF AN ATTACHMENT CHECKLIST

To aid in the evaluation, it is desired that all proposals follow the same general format and are limited to no more than 400 pages excluding ATTACHMENTS A, B, C D, E, F AND G. If the Respondents include additional attachments, they will be disregarded. The proposals are to be submitted in binders and have sections tabbed as below: **(PROPOSALS ARE REQUIRED TO BE 12 PT. TYPE, SINGLE SIDED.)**

3.12.1 Letter of Transmittal (Exhibit 2)

3.12.2 Table of Contents

3.12.3 Brief introduction and summary – This section shall contain an outline of the general approach utilized in the proposal.

3.12.4 System Solution Proposal – Your proposal should contain a statement of all of the software services proposed, including conclusions and generalized recommendations. Proposals should be all-inclusive, detailing your best offer.

3.12.5 Product Implementers Proposal – Your proposal should contain a statement of all of the implementer services proposed, including conclusions and generalized recommendations. Proposals should be all-inclusive, detailing your best offer. Additional related services should be incorporated into the proposal, if applicable.

3.12.6 Proposed Implementation Project Timelines and Staff Models – Your proposal should contain recommendations for any proposed project timelines and the associated staffing model (County & Respondent) requirements for each timeline. Resumes, certification of support personnel, as applicable, shall be listed including a description of assignments and responsibilities, a resume of professional experience and an estimate of the time each would devote to this project, and other pertinent information requested in the solicitation.

Respondents are also mandated to provide the estimated CHS staffing requirements to maintain and operate on an ongoing basis the proposed solution. Again it is the intent of the County to consider the whole project's life cycle costs (both Respondent related and operation impacts related) of alternative(s) proposed. When the Respondent's references are contacted or visited this will be one of the primary areas for review by the CHS and the County

3.12.7 Qualifications – This section shall describe the firm's ability and experience related to the programs and services proposed. All project personnel, as applicable, shall be listed including a description of assignments and responsibilities, a resume of professional experience, and an estimate of the time each would devote to this program, and other pertinent information.

3.12.8 Proposal exceptions

3.12.9 Pricing and Life Cycle Cost Worksheets (Attachment A)

3.12.10 Other data

3.12.11 Agreement Page (Attachment B)

3.12.12 References (Attachment C)

3.12.13 Mandatory EHR System Capabilities (Attachment D)

3.12.14 EHR System Specifications Checklist (Attachment E)

3.12.15 EHR System Functionality for Future Implementation (Attachment F)

3.12.16 Iris Scan/Image System Questionnaire (Attachment G)

3.12.17 Sample Of A Recently Executed Contract And Service Level Agreements (Attachment H)

3.13 EVALUATION OF PROPOSAL – SELECTION FACTORS:

Three phases of evaluation will be conducted and only those respondents successfully passing each preceding phase will move to the next phase of evaluation. A Proposal Analysis Committee shall be appointed, chaired by the Materials Management Department, to evaluate each Proposal and prepare a scoring of each Proposal to the responses as solicited in the original request. At the County's option, proposing firms may be invited to make presentations to the Proposal Analysis Committee. Best and Final Offers and/or Negotiations may be conducted, as needed, with the highest rated respondent(s).

3.13.1 **(PHASE I – PASS OR FAIL)**:

ANY FAILURE TO RESPOND TO ANY MANDATED SECTION/ATTACHMENT (INLCUDING THE ELECTRONIC VERSIONS) WILL RESULT IN REJECTION OF THE PROPOSAL

THE COUNTY RESERVES THE RIGHT TO USE AN OBJECTIVE SCORING THRESHOLD RELATED TO THE RESPONSES INCLUDED IN ATTACHMENT E TO QUALIFY RESPONDENTS MOVING FORWARD TO PHASE II OF THE EVALUATION PROCESS.

Step 1: Review of all Proposals to ensure conformance to this RFP.

Step 2: The elimination of all Proposals which deviate substantially from the basic intent of the Proposal.

Step 3: An assessment of the remaining Respondents.

Step 4: Capability of the Respondent to participate in this particular program, including eligibility based on the Respondent's financial stability and viability.

Step 5: Site visits as determined by the County.

3.13.2 EVALUATION FACTORS/SOFTWARE **(PHASE II)**

After passing Phase I, the remaining Respondent(s) responses will be evaluated.

Proposals for Systems Solutions will be evaluated on the following criteria which are listed **IN DESCENDING ORDER OF IMPORTANCE (most important criteria listed first):**

3.13.2.1 Proposed System Solution to include demonstrations, site visits, technical specifications, proven functionality and compliance with business specifications, included in Attachments D and E.

3.13.2.2 Pricing and Total Life Cycle Cost

3.13.2.3 Respondent's proven skills and technical competence including the proposed implementation methodology/approach.

3.13.2.4 Credentials of the Respondent's proposed Team Manager and project staff dedicated to the Project. (This shall include an evaluation of the time allocated to this project by senior project team members).

3.14 POST AWARD MEETING:

The successful Respondent(s) shall be required to attend a post-award meeting with the Using Agency to discuss the terms and conditions of the Contract. This meeting will be coordinated by the Procurement Officer of the Contract.

Attachment A: Pricing
General Pricing Information

RFP Identifiers

SERIAL:	06113-RFP
PRICING SHEET:	C703513 NIGP 92007

1.0 Please Complete the Following as Appropriate

1.0 BIDDER NAME:	Enter Here
2.0 F.I.D./VENDOR #:	Enter Here
3.0 BIDDER ADDRESS:	Enter Here
4.0 P.O. ADDRESS:	Enter Here
5.0 BIDDER PHONE #:	Enter Here
6.0 BIDDER FAX #:	Enter Here
7.0 COMPANY WEB SITE:	Enter Here
8.0 COMPANY CONTACT (REP):	Enter Here
9.0 E-MAIL ADDRESS (REP):	Enter Here

	Yes	No
10.0 WILLING TO ACCEPT FUTURE SOLICITATIONS VIA EMAIL		
11.0 ACCEPT PROCUREMENT CARD:		
12.0 REBATE (CASH OR CREDIT) FOR UTILIZING PROCUREMENT CARD:		

(Payment shall be made within 48 hrs utilizing the Purchasing Card)

12.1 IF 12.0 IS YES PLEASE SPECIFY REBATE PERCENTAGE:	0.00%

	Yes	No
13.0 INTERNET ORDERING CAPABILITY:		

13.1 IF13.0 IS YES PLEASE SPECIFY THE DISCOUNT RATE:	0.00%

	Yes	No
14.0 OTHER GOV'T. AGENCIES MAY USE THIS CONTRACT:		

Attachment A: Pricing
General Pricing Information

RFP Identifiers

15.0 PAYMENT TERMS: **BIDDER IS REQUIRED TO SELECT** ONE OF THE FOLLOWING.
TERMS WILL BE CONSIDERED IN DETERMINING LOW BID.
FAILURE TO SELECT A TERM WILL RESULT IN A DEFAULT TO NET 30.
BIDDER MUST INITIAL THE SELECTION BELOW.

15.a NET 10 _____
15.b NET 15 _____
15.c NET 20 _____
15.d NET 30 _____
15.e NET 45 _____
15.f NET 60 _____
15.g NET 90 _____
15.h 2% 10 DAYS NET 30 _____
15.i 1% 10 DAYS NET 30 _____
15.j 2% 30 DAYS NET 31 _____
15.k 1% 30 DAYS NET 31 _____
15.l 5% 30 DAYS NET 31 _____

16.0 INDICATE PERCENTAGE OF M/WBE PARTICIPATION IF ANY HERE:_____%

17.0 PLEASE INDICATE HOW YOU HEARD ABOUT THIS SOLICITATION:

17.a NEWSPAPER ADVERTISEMENT _____
17.b MARICOPA COUNTY WEB SITE _____
17.c PRE-SOLICITATION NOTICE _____
17.d OTHER (PLEASE SPECIFY) _____

ATTACHMENT B

AGREEMENT

Respondent hereby certifies that Respondent has read, understands and agrees that acceptance by Maricopa County of the Respondent's Offer will create a binding Contract. Respondent agrees to fully comply with all terms and conditions as set forth in the Maricopa County Procurement Code, and amendments thereto, together with the specifications and other documentary forms herewith made a part of this specific procurement

BY SIGNING THIS PAGE THE SUBMITTING RESPONDENT CERTIFIES THAT RESPONDENT HAS REVIEWED THE ADMINISTRATIVE INFORMATION AND DRAFT RFP CONTRACT'S TERMS AND CONDITIONS LOCATED AT http://www.maricopa.gov/materials. AND AGREE TO BE CONTRACTUALLY BOUND TO THEM.

MINORITY/ WOMEN-OWNED SMALL BUSINESSES (check appropriate item):

_____ Disadvantaged Business Enterprise (DBE)
_____ Women-Owned Business Enterprise (WBE)
_____ Minority Business Enterprise (MBE)
_____ Small Business Enterprise (SBE)

RESPONDENT SUBMITTING PROPOSAL

FEDERAL TAX ID NUMBER

PRINTED NAME AND TITLE

AUTHORIZED SIGNATURE

ADDRESS

TELEPHONE FAX #

CITY STATE ZIP

DATE

WEB SITE: _____

EMAIL ADDRESS: _____

MARICOPA COUNTY, ARIZONA

BY: _____
DIRECTOR, MATERIALS MANAGEMENT

DATE

BY: _____
CHAIRMAN, BOARD OF SUPERVISORS

DATE

ATTESTED:

CLERK OF THE BOARD

DATE

APPROVED AS TO FORM:

DEPUTY MARICOPA COUNTY ATTORNEY

DATE

ATTACHMENT C

RESPONDENT REFERENCES

RESPONDENT SUBMITTING PROPOSAL: _____

1. COMPANY NAME: _____

   ADDRESS: _____

   CONTACT PERSON: _____

   TELEPHONE: _____ E-MAIL ADDRESS: _____

2. COMPANY NAME: _____

   ADDRESS: _____

   CONTACT PERSON: _____

   TELEPHONE: _____ E-MAIL ADDRESS: _____

3. COMPANY NAME: _____

   ADDRESS: _____

   CONTACT PERSON: _____

   TELEPHONE: _____ E-MAIL ADDRESS: _____

4. COMPANY NAME: _____

   ADDRESS: _____

   CONTACT PERSON: _____

   TELEPHONE: _____ E-MAIL ADDRESS: _____

5. COMPANY NAME: _____

   ADDRESS: _____

   CONTACT PERSON: _____

   TELEPHONE: _____ E-MAIL ADDRESS: _____

ATTACHMENT D

EHR SYSTEM CAPABILITIES MATRIX (Mandatory)

NOTE: This attachment is provided for review and discussion purposes only and is subject to change. The final version of the document will be provided post the Pre-Proposers Conference and the response to Respondent's questions have been distributed.

Please confirm the System's ability to meet the following mandatory capabilities by answering yes or no as in the space. Note that it is also mandatory that the electronic version of this table be completed. Unless otherwise notified, the electronic version of the response will supersede the hardcopy response.

Response	Response Key
Y	Yes the System Meets this Minimum Requirement
N	No the System Does Not Meet this Requirement

Ref No.	Requirements Description	Resp.
1	1. PATIENT (INMATE) MANAGEMENT:	
2	a. Co-pay Management	
3	b. Referrals	
4	c. Appointment Scheduling	
5	d. Registration of DNR Orders	
6	e. Registration of Living Will	
7	f. Release of Information	
8	g. Report Capability	
9	h. Intake Interface	
10	i. Admission, Discharge, Transfer	
11	j. Merge/unmerge Record	
12	k. Alias Management	
13	l. Patient Tracking (interface)	
14	m. Patient Transport Management	
15	n. Special Accommodations	
16	o. Census Reporting	
17	2. CLINICAL OPERATIONS BY PROVIDER:	
18	a. Problem List (complaints/diagnosis)	
19	b. Encounters	
20	c. Treatment Planning	
21	d. Clinical Guidelines/Pathways and Notes	
22	e. Orders & Results Reporting	
23	f. Consents	

ATTACHMENT D

EHR SYSTEM CAPABILITIES MATRIX (Mandatory)

Ref No.	Requirements Description	Resp.
24	g. Clinician Access View	
25	h. Clinical Decision Support	
26	i. Controlled Medical Vocabulary	
27	j. Charge Capture	
28	k. Patient Education	
29	l. Intake, Transfer, Release	
30	m. Admission Discharge, Transfer	
31	n. Referrals	
32	o. Flow Sheets	
33	p. Population Based Clinical Areas	
34	3. CLINICAL SPECIALTIES:	
35	a. Pharmacy:	
36	1. Order/Results Interface	
37	2. Medication Administration	
38	3. Drug-Drug/Allergy Interactions	
39	4. Drug Look-up	
40	5. Formulary Management	
41	b. Laboratory (in house and reference)	
42	c. Obstetrics	
43	d. Communicable Diseases (including tuberculosis and STDs)	
44	e. Family Planning	
45	f. Infirmary	
46	g. Psychiatrics:	
47	1. Testing Support	
48	2. Mental Health Evaluation	
49	3. Mental Health Screening	
50	h. Dental Care:	
51	1. Appointment Scheduling	
52	2. Screening	
53	3. Charting	
54	i. Emergency Care Management	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

NOTE: This attachment is provided for review and discussion purposes only and is subject to change. The final version of the document will be provided post the Pre -Proposers Conference and the response to Respondent's questions have been distributed.

Response	Response Key
1	Part of the Core System
2	Provided Through the Use of a Third Party
3	Enhancement (Please be sure to cross reference requirements with a response of 3 in the Pricing Attachment)

Ref No.	Requirements Description	Resp.
1	1. ASSIGNMENT OF MEDICAL RECORD NUMBER	
2	a. Assign Medical Record Number for first time offenders/patients.	
3	1. Minimum 9 character patient Medical Record Number exclusive of check digit.	
4	2. Ability to import or derive a unique identifier medical record number for each unique iris from iris scan database or data.	
5	2. PRE-REGISTRATION/REGISTRATION/INTAKE	
6	a. Ability to collect, store and search on the following data: booking number, medical record number, patient name, patient alias (also known as) social security number, AHCCCS number, Medicare number, date of birth, address, date of last visit, user defined number (existing medical record number), employer information, insurance information	
7	b. Ability to perform a combination search on any of the above fields	
8	c. Ability to capture, store, and search on biometric parameters such as iris scan, fingerprint, and facial recognition features.	
9	d. System has capability to store and provide name history for up to minimum of 4 names.	
10	e. System has capability to store and provide address history for up to minimum of 4 names.	
11	f. Provide quick registration screens, which require data entry of a minimum number of fields: Name, address, DOB, Insurance Information	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
12	g. Ability to retroactively capture, store, modify and update patient demographic information on selected fields to include all previous visits (e.g. date of birth)	
13	h. Additional user defined fields to include as examples but not limited to:	
14	1. Need for interpreter / translation services	
15	2. Language(s) spoken	
16	3. Dialect of language spoken	
17	4. Percent proficient in English	
18	5. Shelter Identification Name or Code	
19	6. County Federal Information Processing Standards (FIPS) code for residency county of patient with pre-defined values for counties in Arizona - default is Maricopa County's FIPS code	
20	7. Ability to define person's ethnicity (Hispanic, Non Hispanic, refused, unknown, etc.)	
21	8. Ability to define a person's ethnicity by up to five race values concurrently (1-5 races): white; black or African-American; Asian; American Indian/Alaskan Native; Native Hawaiian or other Pacific Islander with three additional user-defined values: other race, refused	
22	9. Substance abuse history	
23	10. Mental health issues	
24	11. Veteran	
25	12. Indian Services	
26	13. Housing status	
27	14. Date homeless	
28	15. Income level	
29	16. Alien ID Number (provided by Immigration and Naturalization Services (INS))	
30	17. IV Drug User	
31	18. Sites of swab	
32	19. Percent condom use	
33	20. Date of last sexual encounter	
34	21. Number of sex partners last month	
35	22. Number of sex partners last year	
36	23. Arizona Department of Health Services Immunization Registry Number	
37	24. Legacy Medical Record Number	
38	25. Ability to determine which medical records are in storage and where (box number, etc) are located (vendor and storage location)	
39	26. Pre-registration screen pre-populated with all relevant historical information	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
40	a. Account Balance (read only)	
41	b. Ability to display most recent four "no show" dates	
42	i. End-user may cancel client pre-registrations and designate a reason for cancellation.	
43	j. System role-based ability to change field from mandatory to optional.	
44	k. Memo field with a minimum of 255 characters	
45	l. Online help per registration field - system and user defined.	
46	m. Provide the ability during the registration process to write data from first field to a second field, when data is the same (i.e. patient address-guarantor address).	
47	n. Ability during the registration process to overwrite data from field previously populated, when data is different (i.e. patient address-guarantor address)	
48	o. Provide online tickler file for automatic clerical follow-up with specific clients and/or services (i.e. if patient address changes, message "check guarantor address".)	
49	p. System automatically populates applicable fields with all demographic and payer information collected at time of registration	
50	q. User-defined demographic information captured at pre-registration automatically populates appropriate fields across all modules (i.e. client name, SSN)	
51	r. Ability to accept and send demographic and other desired data in HL7 electronic format	
52	s. System automatically assigns Medical Record Number for clients who are not in system at registration	
53	t. Automatically create a new visit record and update the existing client master record when client is checked in.	
54	u. System prevents users from moving to the next screen if user-defined critical error exists on the current screen including required edits	
55	v. System prevents display of subsequent registration screens until all mandatory data has been entered. Users with appropriate security clearance have override capability	
56	w. Authorized users may search across all entities for a client or client information via one inquiry.	
57	x. Updated demographic information can be shared on a real-time basis.	
58	y. Patient demographic data may be retained online for an indefinite period of time.	
59	z. System automatically date and time stamps pre-registration, scheduling, and registration	
60	aa. Permit retroactive entry of registration data within a user-defined timeframe, with automatic date and time stamp = Now.	
61	ab. Arresting Information.	
62	3. APPOINTMENT SCHEDULING	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
63	a. Ability to make multiple appointments, appointments in all clinics (multiple clinics), control appointment intervals (i.e. 10, 15, 20, 30, 45, 60, 90 and 120 minute intervals) and number of providers, cancel or change appointments.	
64	b. Appointment system needs to be able to specify program, location, or area and type of appointment	
65	c. Appointment system must allow capability of blocking appointments for providers when they are scheduled for vacation.	
66	d. Appointment system needs to link appointment to provider being seen	
67	e. Ability to print out appointments to include Medical Record Number name, date and time of appointment, provider, service and area.	
68	f. Ability to check and alert for scheduling conflicts, but allow override of those conflicts when needed	
69	g. Ability to reassign (e.g. move) appointments to another provider	
70	h. Reschedule no-shows by changing scheduled date without having to re-enter all of patient information	
71	i. Generate (display or print at user's option) listing of all prescheduled clients, including name, medical record number, care provider name, and care provider locations minimally 72 hour in advance	
72	j. Automatically capture end-user who scheduled appointment	
73	k. Ability to "check-in" client and generate a unique "encounter number" for that specific visit where the respective clinic and providers will record patient care notes.	
74	4. ENCOUNTERS	
75	a. Ability to create and modify Assessments that contain items, both table driven (where applicable) and text that comply with Medical and Mental Health standards.	
76	b. Allow authorized user to determine which relevant items collected at a prior point, either during referral, admission or a prior episode of care, can be continued over to an Assessment.	
77	c. Provide means to track medications ordered from physicians outside of system in format that matches internally ordered medications.	
78	d. Provide the ability to collect comprehensive Clinic Visit (Medical or Dental Diagnostic) information including:	
79	1. Provide current ICD-9 and ICD-10 codes, HCPCS Level I and II codes, CPT, J codes and X,Y, Z codes and DSM codes for encounters with the ability to deactivate codes and add facility specific codes	
80	2. Provide ability to automatically update diagnostic codes (ICD, CPT, HCPCS Level I and II codes, J codes, etc) when new codes are published.	
81	3. When old records containing ICD AND CDT diagnoses are viewed or printed, the system must search the ICD-9 version that was in use at the time of diagnosis to retrieve the correct diagnoses.	
82	4. When diagnoses are made for client, system must keep track of the version that was in use at the time.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
83	5. Provide several methods to code diagnoses for client (e.g. by code, by description, by organ system or specialty).	
84	e. Provide the ability to collect comprehensive Mental Health Diagnostic information including:	
85	1. Provide DSM diagnostic code table (Tables for Axis I and Axis II diagnoses for each version of the DSM) with ability to de-activate and add facility specific codes.	
86	a. An unlimited number of Axis I, II, III, IV, and V diagnoses.	
87	b. Effective dates for each Axis especially to delineate Past Year and Past Month diagnostic coding.	
88	2. Provide ability to automatically update DSM diagnostic codes when new codes are published.	
89	3. When old records containing DSM diagnoses are viewed or printed, the system must search the DSM version that was in use at the time of diagnosis to retrieve the correct diagnoses.	
90	4. When diagnoses are made for client, system must keep track of the version that was in use at the time.	
91	5. Provide several methods to code DSM diagnoses for client (e.g. by code, by description).	
92	6. System should allow, but not require, entry of ICD codes for Axis III diagnoses, with option for table driven pick list.	
93	7. Axis IV and V should be table driven with optional text for Axis V.	
94	8. System should have "cross-walk" to ICD diagnoses.	
95	f. Client Assessments can explicitly be associated to an episode of care.	
96	g. Client Assessments can implicitly be associated to an episode of care based on assessment date and episode begin/end dates.	
97	h. Assessments are integrated with the Health Treatment Planning and Notes Module	
98	i. Provide Assessment graphing tool to measure results over time.	
99	j. Provide means to indicate persons or disciplines responsible for assessment and automatically report notice of required assessment to person or office responsible for assessment.	
100	k. Provide ability for Assessments to be automatically and flexibly scheduled, to include:	
101	1. Assigned to a responsible party	
102	2. Frequency.	
103	3. Scheduled Assessment results in notifying the responsible party via e-mail, tickler list, or other means.	
104	l. Enable the design and implementation of custom Assessment tools as determined by the department. Functionality to include the following:	
105	1. Upload tool designs from Microsoft Word.	
106	2. Value pull-down lists, click box, scrolling lists, etc., Radio buttons, yes not check boxes, etc.	
107	3. Flexible editing logic to verify responses.	
108	4. Integration to the user customizable data model to capture the responses	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
109	5. Scoring capabilities to build T-scores, percentiles, and other mathematical algorithms against the responses.	
110	6. Customizable online help to guide the client in filling out the assessment/survey.	
111	7. Logical handling of missing values as specified by the user such as set to zero, treat as null, etc.	
112	m. Provide the ability to print patient educational materials associated with the encounter.	
113	n. Capability to print patient education materials in multiple languages.	
114	o. Provide the ability to display and maintain Medical and Mental Health Assessment information.	
115	p. Provide the ability to build self-scoring specific Assessment templates for example: speech and language; self care; cognitive functioning; abnormal involuntary movements; nursing; educational functioning; psychological; neurological; general physical health	
116	q. Ability to maintain a list of all providers actively involved in treating the patient.	
117	r. Ability to link together with each problem the internal encounters where this problem was addressed, diagnostic tests ordered, external referrals ordered and status of referrals.	
118	s. Ability to provide screening tools and clinical risk assessment calculators that generate a note in the medical record for:	
119	1. Cardiac Events.	
120	2. Osteoparesis Fractures.	
121	3. Substance Abuse.	
122	4. Depression.	
123	5. Anxiety.	
124	6. Geriatric Screening.	
125	7. Mini Mental Status.	
126	8. Clinical Institute Withdrawal Assessment.	
127	5. PROBLEM LIST	
128	a. Initial medical/intake assessment	
129	1. Observations (table driven with ability to select all that apply).	
130	2. Medical Problems (table driven with ability to select all that apply).	
131	3. Mental Health (table driven with ability to select all that apply).	
132	4. Substance Abuse/Alcohol (table driven with ability to select all that apply).	
133	5. Current Prescription Medications.	
134	6. Medication Allergies (table driven with ability to select all that apply).	
135	7. Food Allergies (table driven with ability to select all that apply).	
136	8. Female data (table driven with ability to select all that apply)	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
137	9. Disposition (table driven with ability to select only one).	
138	b. Based on positive Initial receiving/medical assessment responses, application will automatically trigger events.	
139	c. Ability to provide or interface with a symptom-based decision support module for medical triage to assist clinical staff with pathways/guidelines for assessing and responding to presenting symptoms.	
140	d. Capacity to capture request for well care visits (chronic care, well baby, well adult).	
141	e. System maintains a master file of problems including the following information:	
142	1. Problem code (Multiple options provided automatically to user).	
143	2. Problem category (Multiple options provided automatically to user).	
144	3. Problem description (unlimited free text).	
145	4. Multiple associated diagnoses.	
146	f. System maintains, at a minimum, the following problems:	
147	1. Psychiatric Problems.	
148	2. Medical problems.	
149	3. Substance Abuse Problems.	
150	4. Housing Problems.	
151	5. Dental Problems.	
152	g. Ability to build a Problem List during intake and during stay of offenders including the following:	
153	1. Active Problem & Date.	
154	2. Ability to document smoking, alcohol use, drug use.	
155	3. Ability to track and document allergies and response.	
156	4. Show problem status for each encounter.	
157	5. Ability to document Outcome & Date.	
158	6. Ability to archive/view problems complete with status history.	
159	7. Link problems automatically with orders and results.	
160	8. Linked to patient education materials.	
161	h. Allow authorized users to add problems to problem list in following way:	
162	1. User designates problem to be entered as active or inactive.	
163	2. When entering a problem, user selects problem category from user-defined table.	
164	3. User should be able to enter the problem severity.	
165	i. Ability to subcategorize problems by status: chronic, acute, recurrent, episodic, special needs.	
166	6. TREATMENT TEAMS	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
167	a. System maintains a Multidisciplinary Treatment Plan Library with distinct sections that can be modified independently by authorized users.	
168	1. The system allows for the creation, alteration or update of all standard treatment plans at anytime. (Permanent changes performed only by authorized users).	
169	2. Treatment Plan standards individualized by system of care, program, team, or individual clinician.	
170	b. System can incorporate treatment plan standards individualized by system of care, program, team, or individual clinician.	
171	c. Based on the Provider Type, the preferred treatment plan library is presented to them.	
172	d. Selection of treatment plans is integrated with diagnosis.	
173	e. Create individual client treatment plan from the selected library.	
174	f. Provide mechanism for assigning responsibility for Treatment Plan section to specific staff or disciplines.	
175	g. Provide mechanism for assigning responsibility to update specific section of treatment plan.	
176	h. System keeps track of who is responsible for completing or updating which section of Treatment Plan and indicates date of completion or update.	
177	i. When Treatment Plan elements are also gathered automatically from other modules of the system (e.g., assessments, progress notes from previous episode, medications), data are shared with Treatment Plan and vice versa.	
178	j. System automatically notifies user when Treatment Plans requires review, as specified by department.	
179	k. Treatment Plan must include the following elements for viewing, printing, adding, or updating:	
180	1. Treatment team disciplines (I.e. team members).	
181	2. Five Axis DSM Diagnosis.	
182	3. I CD-9 Standard Medical Diagnosis.	
183	4. Summary sections of all assessments gathered in Assessment Section.	
184	5. Client Problems .	
185	6. Behavioral manifestations of problem.	
186	7. Problem status.	
187	8. Problem treatment status.	
188	9. Goals associated with each active problem.	
189	10. Measurable objectives associated with each goal.	
190	11. Treatment modalities/ interventions.	
191	12. Current Medications.	
192	13. Inmate participation in treatment planning process.	
193	14. Inmate and/or family agreement with Treatment Plan.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
194	15. Discharge criteria related to inmate problems.	
195	16. Date of next scheduled review of Treatment Plan as determined by the user.	
196	17. Functional strengths.	
197	18. Barriers to treatment.	
198	19. Motivation for treatment.	
199	20. Contraindicated procedures.	
200	21. Necessity of continued stay.	
201	22. Continuing care plan.	
202	23. Discharge Plan (Table driven and unlimited free text).	
203	24. Post discharge modalities associated with each level of care or program identified in Discharge Plan.	
204	25. Date of 1st scheduled appointment.	
205	26. Client's agreement to be contacted for follow-up (Y/N).	
206	27. Referrals including: Dental, WIC, Immunizations.	
207	l. System maintains a department defined table of offered interventions.	
208	m. Display and print on demand updated treatment plan.	
209	7. CLINICAL NOTES AND DOCUMENTATION	
210	a. System maintains different note categories, including:	
211	1. Summary Notes which document a particular area of client functioning or summarize response to different discipline-specific treatment efforts.	
212	2. Order-related Notes that correspond to particular types of orders and are automatically generated by such orders.	
213	3. Incident Notes which document the occurrence of particular incidents.	
214	4. Progress Note documentation is driven by the encounter so each treatment plan goal and intervention has associated progress notes.	
215	5. System allows each type of service note to be associated with an intervention from the Table of Interventions.	
216	6. Clinic notes should be specific to each area of service.	
217	7. Standard SOAP charting including vitals, skin test results, allergy alerts, disease history.	
218	b. System maintains Summary Notes including, at a minimum, the following:	
219	1. Progress Notes including:	
220	a. Selection of problems, goals or objectives being addressed by note.	
221	b. Severity ratings of selected active problems.	
222	c. Shift Notes.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
223	d. Discharge Planning Note.	
224	e. Treatment Plan Review Conference Note.	
225	2. Team Conference Note including:	
226	a. Participants in conference (Table driven).	
227	b. Automatic mailing of note to participants for electronic signature.	
228	c. System maintains Order-Related Notes including, at a minimum, the following:	
229	1. Admission Note.	
230	2. Discharge Note.	
231	3. Change in Status Note.	
232	4. Medication Change Note.	
233	d. System maintains Incident Notes including, at a minimum, the following:	
234	1. Aggression Control Note.	
235	2. Seclusion and Restraint Note.	
236	3. Special Precautions Note/ 15 minute checks.	
237	4. Suicidal ideation/behavior Note.	
238	5. Allergic Reaction Note.	
239	6. Activity Restriction Note.	
240	7. PRN administration Note.	
241	8. Communication Restriction/ gang affiliation.	
242	9. Note of Treatment Refusal.	
243	10. Report of Code Called.	
244	11. Medication Side Effect Note.	
245	12. Client Complaint Note.	
246	13. Report of client Illness.	
247	14. Emergency Room Transfer Note.	
248	15. Bed Rest Note	
249	e. System provides the capability to capture other types of Notes	
250	1. Ability to enter office visit notes.	
251	2. Ability to document demographics/family history, risk factors.	
252	3. Ability to write History and Physical/assessment notes.	
253	4. Ability to write or enter Medication List.	
254	5. Ability to build a Problem List.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
255	6. Ability to document smoking, alcohol use, drug use.	
256	7. Ability to track and document allergies and response.	
257	8. Ability to enter/record vital signs.	
258	9. Ability to document risk factors.	
259	10. Ability to enter or accept multiple note types: Radiology, Lab, etc.	
260	11. Ability to import notes from referral (as defined by Access Control) or allow entry of notes by referral provider.	
261	12. Ability to import notes from hospital (inpatient) record.	
262	13. Ability to capture social history.	
263	14. Record key information needed for exam types, i.e. sexual preference, number of sex partners, specific symptoms, serologic history, etc.	
264	15. CDI / Interviewer Notes.	
265	f. Ability for disciplines to enter, correct, authenticate notes.	
266	1. Ability to correct notes prior to authentication	
267	2. Ability to discard a note, with system warning, prior to authentication.	
268	3. Ability to authenticate (electronic signature) notes.	
269	4. Provides ability to add co-signature if needed.	
270	5. Linked to Clinical Decision Support (CDS) system and Controlled Medical Vocabulary (CMV) to provide alert if co-signature required.	
271	6. Ability to date/time stamp notes	
272	g. Ability for disciplines to append authenticated notes.	
273	1. Original documentation.	
274	2. Date and time of change.	
275	3. Responsible party (names).	
276	4. Corrected documentation.	
277	5. System records a flag displaying that a correction exists.	
278	h. Ability to provide language to satisfy Medicare requirements for precepting medical students/residents (ex. "I have personally interviewed, examined and discussed this patient's care with (name of student/resident).")	
279	8. FLOW SHEETS	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
280	a. User-defined clinical pathways to include recapture of data elements (e.g. allergies, temperature (when applicable, pulse, respiration, blood pressure, height, gender growth grids, weight, smoker status, exposure to 2nd hand smoke, birth control method (when applicable), blood sugar (when applicable), pregnancy test (when applicable), and last normal menstrual cycle (when applicable) at every visit applicable to a particular flow diagram/flow sheet	
281	b. Ability to define which data fields require episodic completion and which are carried forward from the historic client record. Episodic data fields are flagged for update or completion at each client visit	
282	c. Ability to display Flow Sheet data that contain items, both table driven (where applicable) and text that comply with Medical and Mental Health standards. Examples are:	
283	1. HIV Flow Sheet.	
284	2. DIABETIC MONITORING Flow Sheet.	
285	3. HYPERTENSIVE MONITORING Flow Sheet.	
286	4. SEIZURE DISORDER - CHRONIC CARE Flow Sheet.	
287	5. ASTHMA/COPD MONITORING Flow Sheet.	
288	6. COUMADIN Flow Sheet.	
289	7. NEURO Flow Sheet.	
290	8. DIABETES EVALUATION Flow Sheet.	
291	9. Immunization Records.	
292	10. Child Growth Charts.	
293	11. Dental.	
294	12. Maternal Support Services.	
295	13. WIC.	
296	14. Health Maintenance.	
297	15. Depression Screening	
298	16. Self-Management Goals.	
299	9. ORDERS AND REPORTING	
300	a. Provide a clinically oriented multidisciplinary order entry tool that streamlines the order entry process with the treatment plan.	
301	b. Identify physician/provider initiating order, staff entering order, date, and time. If the name of the individual entering the order and/or date and time are not put in at time of order entry, the system should automatically do so.	
302	c. Ability to enter Orders On-Line and Display or Send Real-time to All Departments.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
303	d. Allow selection of orders by service and sub-service (e.g., Administration, Intervention, Laboratory, Pharmacy, and Radiology).	
304	e. Provide a menu display of orders and order panels.	
305	f. Provide user-defined order sets and order panels with easy support for additions and deletions from these sets/panels.	
306	g. Provide selection of orders via:	
307	1. Alpha listing.	
308	2. Procedure codes.	
309	3. High-frequency menu listing.	
310	h. Enable user to enter order priority to include:	
311	1. Routine.	
312	2. STAT.	
313	3. ASAP.	
314	4. Today.	
315	5. Timed.	
316	6. Discharge.	
317	i. Allow authorized users to change Status of order including entering information on:	
318	1. Document new status.	
319	2. Documentation of justification for status change.	
320	j. Allow user to designate start time and stop time for all timed and continuing orders. Authorized users must be able to override stop time for designated orders.	
321	k. Provide ability for order to be marked as "expected to be renewed", with prompts to clinician to renew order at appropriate time.	
322	l. System has ability to "know" that orders expected to be renewed, which are associated with long acting medications given once a month, should appear as medications that the inmate is "on", even between orders.	
323	m. Provide inmate schedules and department work lists based on orders placed.	
324	n. Allow entering of free text comments with order.	
325	o. Provide step-by-step ("Help") guide for Order Entry activities	
326	p. Display possible conflict of current order with previously entered orders including drug incompatibilities, based on user-specified criteria.	
327	q. Allow authorized individuals to override order conflicts, and maintain audit trail of these events.	
328	r. System automatically identifies and notifies user online of:	
329	1. Apparent duplicate orders.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
330	2. Improper order in scheduling sequential interventions.	
331	s. Upon attestation of medication order, create Medication Adjustment Note which indicates the order information and includes the reason for the medication change.	
332	t. When a medication is ordered that requires either one-time or ongoing associated blood work, the system should prompt users to automatically write the necessary orders and make the necessary appointments.	
333	u. Indicate verification status of each order including when order was countersigned per provider policy.	
334	v. Provide system acknowledgment of acceptance of order.	
335	w. Enable user to communicate routine, standing, and selective prior orders on day the client is registered/booked.	
336	x. Allow user to bypass menus when entering orders and directly key in desired order information.	
337	y. Provide an online narrative description of the use of each test, procedure, or intervention as well as any ordering policies and protocols affecting the ordering to assist the clinician when entering the order into the system.	
338	z. Identify and report specific procedures in the procedure master file which require verification prior to becoming active.	
339	aa. Allow sensitive orderable items to be flagged as confidential.	
340	ab. Permit inquiry into the exact status of all orders, by patient (e.g., ordered, verified, canceled, preliminary report, or final report).	
341	10. EDITING OF ORDERS	
342	a. Provide automatic edit of all orders for necessary data which must be included at time of entry (e.g., route, dosage, assessment, interactions based on CDS, treatment plan).	
343	b. Display message identifying missing data in the order.	
344	c. Display of alert if order varies from guidelines and rules and/or presents safety issue.	
345	d. Ability to flag duplicate or conflicting orders.	
346	e. Provide order correction mechanism without requiring cancellation and re-entering of entire order, automatically recording date, time, and person entering correction.	
347	f. Permit only authorized personnel to cancel orders and automatically notify ancillary area of cancellation.	
348	g. Allow for backdating of order times and dates if system has been unavailable. Maintain actual date and time when orders are entered.	
349	h. Require inmate identification in order (to avoid processing of order for inmate who is not in system).	
350	i. Allow multiple methods of order entry:	
351	1. Text entry allowed.	
352	2. Keyboard entry allowed.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
353	3. Entry through handheld device allowed.	
354	11. VERIFICATION OF ORDERS	
355	a. System has the ability to verify orders	
356	b. Prompt user for verification, including the following:	
357	1. Completeness, such that all elements are included in order (e.g., route of administration, dose, time, frequency, and special instructions).	
358	2. Nurse or presumed ancillary personnel collection.	
359	3. Identification such that inmate with same or similar names are accounted for in the system.	
360	4. Provide for dual verification by authorized personnel (e.g., physician/provider, pharmacist, etc).	
361	5. Authentication and electronic signature for order.	
362	6. Ability to authenticate and allow electronic co-signature if needed.	
363	7. If co-signature required, linked to CDS and alert provided.	
364	8. Date/time stamp for order.	
365	c. Ability to limit use of abbreviations to those on a list approved by department.	
366	12. TRANSMITTAL OF ORDERS	
367	a. System has the ability to transmit orders	
368	b. Orders tracked through processing (e.g. know when Pharmacy receives order and when it has filled Rx).	
369	c. Completion of order documented.	
370	d. Alert or message generated if order is not followed through to completion (e.g. patient does not receive/pick-up Rx).	
371	e. Provides ability to trigger medical necessity criteria.	
372	f. Prompt is given for a diagnostic code when order is entered.	
373	g. Ability to interface with in-house and referral lab systems through either direct connect or dial up	
374	h. Capability to "explode" orders, generating multiple orders from one request to all appropriate responsible parties.	
375	i. Capability to "explode" cancellations to appropriate providers when original order is canceled.	
376	j. Provide option of visual or auditory alarm which requires a response on receipt of STAT, ASAP, timed orders, or special instructions.	
377	k. Provide information online on status of a specific order being processed.	
378	l. Flag canceled or held orders with a visual or audible alarm. If order is not canceled at the provider location, also notify the provider.	
379	m. Flag any changed order with a visual or audible alarm in the ancillary area.	
380	n. Retain record of order cancellation to identify who ordered the	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
381	o. Provide an audit trail of:	
382	1. Date and time an order was entered.	
383	2. Date and time an order was received.	
384	3. Time completed.	
385	4. By whom completed.	
386	5. The responsible party completing the order.	
387	p. Display and print on demand an accumulated list of orders for a client for a designated time period.	
388	q. Ability to automatically print requisitions and labels in area of required service upon order entry for today's tests and on appropriate day for future orders.	
389	r. Ability to automatically override print requisitions and labels into the area where the order was placed in the system instead of the client's registered location.	
390	s. Flag STAT, ASAP, timed orders, or special instructions when the requisition prints.	
391	t. Ability to flag or add prompts to follow-up and close:	
392	1. Dental.	
393	2. Radiology.	
394	3. LAB.	
395	4. Specialists.	
396	u. Ability to generate HL7 compliant electronic lab requisitions populated by data in system	
397	13. SCHEDULING OF ORDERS	
398	a. Allow scheduling of one-time and continuing orders.	
399	b. Allow scheduling of a test (procedure) when ordering. Notify provider (where test is scheduled) so time and date may be verified. Provide automatic feedback of verification to ordering area.	
400	c. Provide automatic scheduling of tests requiring more than one session for completion.	
401	d. Provide authorized individuals with ability to override scheduling constraints.	
402	14. CANCELLATION, RENEWAL, AND MODIFICATION OF ORDERS	
403	a. Allow online update, cancellation, renewal, reschedule, modification and discontinuation of order/test. If order/test is canceled in error, there is a simplified way to reinstate it.	
404	b. Automatically notify appropriate provider(s) online and optionally in print of change(s) in order.	
405	c. Notify physician/provider online and optionally in print of need for renewal before expiration of continuing order(s) per provider criteria, including:	
406	1. Name of patient.	
407	2. Client ID number.	
408	3. Name of service.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
409	4. Beginning date and time of order.	
410	d. Provide for automatic cancellation of orders upon discharge, release, or death of an inmate.	
411	15. DISPLAY OF ORDERS	
412	a. Clearly displayed (and printed, if needed) documentation of order.	
413	b. Allows multiple views of orders:	
414	1. Allows view of all active and/or discontinued orders.	
415	2. Allows view of orders attached to a particular problem.	
416	3. Allows historical view of orders by inmate.	
417	4. Allows view of orders by date.	
418	5. Allows view of orders by provider.	
419	c. Can be customized to meet department's needs:	
420	1. Commonly ordered tests can be added.	
421	2. Commonly ordered medications can be added (per department formulary).	
422	3. Medications and procedures not per department formulary or protocol can be removed from orders view.	
423	4. Commonly ordered tests/medications can be organized per specialty (e.g. protocols).	
424	d. Order search ability by:	
425	1. Patient Name.	
426	2. Patient/Medical Record Number.	
427	3. Provider.	
428	4. Location.	
429	5. Diagnostic Codes and Names.	
430	6. Procedure Codes and Names.	
431	7. Date.	
432	e. Ability to generate outbound message to other systems when/where needed.	
433	f. Ability to perform multiple passes (attempts) for outbound message if acknowledgement not received.	
434	g. Ability to Lock Out Ordering (e.g. ARNP not able to order medications for himself).	
435	16. RETRIEVAL OF ORDERS	
436	a. Display/retrieve and/or print multiple views of orders.	
437	b. Display and/or print list of orders received, completed, canceled, postponed, held, or unreported, in chronological sequence by provider.	
438	c. Display and/or print on demand status of order (e.g., routine, ASAP, STAT, scheduled including start time and intervals).	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
439	d. Display and/or print on demand orders for clients in the following manner:	
440	1. All orders for the current episode of care.	
441	2. Outstanding orders.	
442	3. Unverified orders.	
443	4. Orders for last 24 hours.	
444	17. DISPLAY RESULTS	
445	a. Ability to Display Results from All Departments (i.e. RAD, LAB, Rx, etc.).	
446	b. Allows multiple views of results:	
447	1. Ability to drill down into results for more detail.	
448	2. Longitudinal display of results available with normals/abnormals noted.	
449	3. Graphical display of results and/or response trended over time (e.g. Coumadin charted against INR and Pro-Time).	
450	4. Allows view of orders attached to a particular problem.	
451	5. Allows historical view of orders by patient.	
452	6. Allows view of orders by date.	
453	7. Allows view of orders by provider.	
454	8. Allows display by test result/result type (e.g. normal, abnormal).	
455	9. Allows import of scanned results.	
456	10. Allows display of digital images (e.g. radiograph) or video (e.g. ultrasound).	
457	c. Clearly displayed origin for results (where they came from).	
458	d. Date/time stamp for results.	
459	e. Results display can be configured by role, by specialty, by location, by date - down to individual level - e.g. backup provider can be designated to receive if primary out of office or first/second sequence can be defined.	
460	f. Ability to enter lab results for patient at the same time provider is entering chart notes for same patient.	
461	g. Results outside of normal values are noted through alerts	
462	h. Ability to generate post hoc notification to provider of electronic lab results	
463	i. Sign off by provider that provider has reviewed lab results	
464	j. Ability to delegate notification of lab results assigned to be read by non-referring provider	
465	k. Ability to delegate sign off by non-referring provider that lab results have been reviewed	
466	l. Results not viewed or associated with an action can result in an alert.	
467	m. Ability to search results by:	
468	1. Patient Name.	
469	2. Medical Record Number.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
470	3. Provider.	
471	4. Location.	
472	5. Diagnostic Codes (Problem).	
473	6. Procedure Codes.	
474	7. Date.	
475	n. Ability to display interface data as needed (e.g. from other systems).	
476	o. Action taken when viewing result followed - ability to link action to result by provider, patient, date, etc.	
477	p. Follow-up available for documentation.	
478	q. For test results, ability to display range of results in addition to normal/abnormal.	
479	18. CONSENTS, RELEASE OF INFORMATION, REFUSALS	
480	a. Ability to design and implement Consents, Release of Information Requests, Requests for Information, Health Treatment Refusals, Letters, and other forms as determined by the department. Functionality to include the following:	
481	1. Designed using Microsoft Word functionality.	
482	2. Ability to insert data from Patient Medical Record.	
483	3. Ability to automatically trigger the completion of a specific electronic form based on a clinical event (e.g. intake, encounter, etc.).	
484	4. Ability to complete any electronic form on-demand for a specific patient.	
485	5. Ability to (re)display or (re)print patient specific form on-demand from within the system.	
486	6. Secure form revision handling (i.e. unable to modify form once produced).	
487	7. Ability to support multiple languages.	
488	b. Ability to enter multiple electronic signatures via a variety of secure methods.	
489	1. Ability to authenticate and allow electronic signatures, co-signatures.	
490	2. Provide for dual verification by authorized personnel (e.g., physician/provider, pharmacist, etc).	
491	c. Ability to capture/print Authorization For ROI And Disclosure Of Protected Health Information, including:	
492	1. Language and formatting comply with HIPAA requirements.	
493	d. Ability to capture/print Immunizations Screening Questions, including:	
494	1. Immunization consent forms.	
495	2. Family Planning procedure consent form.	
496	3. Medicare ABN/Waivers.	
497	e. Ability to capture/print Health Memo to Inmates, including:	
498	1. Scheduled substances/Narcotic contract.	
499	2. Behavior contract.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
500	3. Consent to participate in a study.	
501	f. System provides capability to capture if Consent/Authorization to Treat form has been acknowledged/signed	
502	19. REFERRALS	
503	a. Ability to capture department internal program referrals, including:	
504	1. Automatically generate department inter-facility referrals based on positive screening responses, including:	
505	a. Ability to automatically refer an inmate to PSYCH based on a positive Mental Health Screening response.	
506	b. Ability to automatically refer a pregnant inmate to OBSTETRICS based on a positive response to Prenatal Screening.	
507	2. Ability to send referral note on-line.	
508	3. Track status of referral (e.g., sent, received, under review, accepted, denied, etc.) and trigger alert when not responded to within predetermined time limits.	
509	4. Ability to provide multiple referral paths.	
510	a. Inter-Facility (e.g. to/from Infirmary, Psych.).	
511	5. Provide for referral approval/denial.	
512	6. Ability to co-sign referral using electronic signature and authentication capability.	
513	7. Provide for capability to configure so certain referrals do not require pre-approval (as defined by the department.)	
514	8. Ability to view referrals provided to patient authorized by role based security.	
515	9. Ability to track, log, view referrals, and number of visits.	
516	b. Ability to capture external referrals, including:	
517	1. Ability to enter Referral (and Benefits Authorization).	
518	2. Ability to send referral note on-line.	
519	3. Ability to include clinical data, results, and notes as well as a summary with the referral note.	
520	4. Track status of referral (e.g.. sent, received, under review, accepted, denied, etc.) and trigger alert when not responded to within predetermined time limits.	
521	5. Ability to provide multiple referral paths, including:	
522	a. Hospitalization/inpatient stay.	
523	b. Outpatient Ancillary Services	
524	6. Provide for capability for referral approval/denial.	
525	7. Electronic signature and authentication capability.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
526	8. Ability to co-sign referral using electronic signature and authentication capability.	
527	9. Provide for capability to configure so certain referrals do not require pre-approval (as defined by department).	
528	10. Ability to view referrals provided to patient authorized by role based security.	
529	c. Ability to close a referral under the following conditions:	
530	1. When a report is received from the specialist.	
531	2. When the referral authorization is denied.	
532	3. When the patient does not appear for the referral appointment.	
533	4. When the patient declines to accept the referral.	
534	d. Ability to capture and access payor lists of referrals requiring prior authorization.	
535	e. Ability to create trend reports for reasons for referrals, referrals by providers, reasons for denials, number, costs, YTD totals and practice-to-date etc.	
536	20. ADMISSION	
537	a. Ability to capture, store, modify Admission information, including:	
538	1. Allows authorized users to archive and retrieve inactive patients.	
539	2. When a previously discharged patient is re-admitted, automatically list the name of the Primary clinician of record upon discharge during that previous stay, and patient location at the time of discharge.	
540	3. Allow user to enter the name of a Primary clinician and two Associates, onto the Admission screen at the point of admission or at a later time or date.	
541	4. Allow user to change the Primary clinician designation throughout the patient stay.	
542	5. Allow user to assign patient to Complex Management List.	
543	21. DISCHARGE	
544	a. Ability to capture, store, modify Discharge information, including:	
545	1. When an inmate is released from custody, the release generates an automatic predefined discharge summary and "cancels" all outstanding orders, treatments, appointments, medications, and notifies appropriate clinicians of discharge.	
546	2. Upon discharge from a program or service (e.g.. Infirmary), allow user to indicate discharge status, date, "to location", and alert Offender Management System of disposition.	
547	3. Upon discharge from an Outpatient Stay (Hospital), allow user to capture discharge status, date, "to location", and alert Offender Management System of disposition.	
548	4. Upon discharge allow user capture the following:	
549	a. Mental status/level.	
550	b. Condition at last visit.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
551	c. Disposition of case.	
552	d. Discharge DSM diagnoses and ICD-9 Medical diagnoses.	
553	e. Discharge Plan.	
554	f. Date of discharge.	
555	g. Time of discharge.	
556	5. If any data (from above item) had previously been collected during episode, it should be retrieved when discharge screen is activated.	
557	6. System allows development and entry of an After Care Plan.	
558	22. TRANSFER	
559	a. Ability to capture, store, modify Transfer information, including:	
560	1. System maintains history for transfers between facilities, units, services, or levels of care, including:	
561	a. Date and Time.	
562	b. Type or Transfer (Inter-Facility Transfer, Medical/Psychiatric Transfer, Hospital Inpatient Transfer, Specialty Service Transfer).	
563	c. Reason for Transfer.	
564	d. Current Location.	
565	e. To Location.	
566	f. Requested by Provider.	
567	2. Ability to automatically route Transfer Requests (e.g. Close custody Security Placement) for Approval(s).	
568	3. When system displays list of episodes, this list includes transfer data within episodes.	
569	4. A transfer report can be generated upon an inmate's transfer. The report will include all diagnoses, allergies, progress notes, services provided, test results and a list of medications the patient is currently taking.	
570	23. REVERSAL	
571	a. Allow reversal by authorized user of an admission, discharge, or transfer with appropriate automatic adjustments to statistics and other related areas.	
572	24. REGISTRIES / RESEARCH	
573	a. Ability to manage POPULATION BASED CLINICAL AREAS (i.e., Registries)	
574	1. Ability to manage Population Based Clinical Areas within the system.	
575	2. Documentation of Plan of Care/Roadmaps.	
576	3. Ability to Provide Data for Utilization Review.	
577	4. Ability to Provide Data for Quality Management.	
578	5. Provides tools for management of chronic illness for provider and patient.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
579	6. Ability to send alerts/reminders by role based security, including to patients.	
580	7. Ability to easily access references for management (tie to CDS and CMV).	
581	8. Incorporate Risk assessments (e.g. clinical calculators).	
582	9. Ability to incorporate information into written form (letter, e-mail) for patient and/or others.	
583	10. Ability to create standard sets of orders/procedures per protocol for Health Maintenance "Registry" conditions.	
584	11. Ability to incorporate advanced directives such as Living Will, Power of Attorney, next of kin, dependents, and code status.	
585	12. Ability to customize for individual within populations.	
586	13. Ability to track cardiovascular collaborative patients by blood pressure, therapy, self-management goals, lipid panel, normal/abnormal BP's, number of BP checks and diagnosis	
587	b. Ability to support contact investigations for communicable disease populations	
588	1. Ability to link contacts to source case via source identifier code.	
589	2. Ability to capture demographic data on each contact.	
590	3. Ability to capture intervention and follow up data.	
591	25. PHARMACY	
592	a. Ability to efficiently process (i.e. capture, maintain, display, print) data associated with Prescription Dispensing, including the following:	
593	1. New Prescription Process.	
594	2. Refill Prescription Process.	
595	3. Prescription Directions (Sig) - User friendly shorthand input.	
596	4. Renew Prescription Process - Update of expired prescription.	
597	5. Edit Prescription - All Fields (in compliance with Pharmacy regulations).	
598	6. Cancel Prescriptions - That meet set criteria.	
599	7. Current NCPDP codes for prescriptions	
600	8. Ability to generate and fax modem new or refill prescriptions to internal and external pharmacies, excluding Class II drugs, twenty-four hours a day, seven days a week.	
601	9. Ability to ALERT provider of generic drug options that are on formulary by insurance plan	
602	b. Ability to generate new or refill paper prescriptions for all Class II drugs, and pharmacies with whom we have no HL7 interface to order on-line or by fax modem.	
603	c. Ability to check new prescriptions against a patient's medication list and allergies to help prevent interactions	
604	d. Ability to add Patient Identification Number to faxed or printed prescriptions.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
605	26. DENTAL	
606	a. Documentation:	
607	1. Periodontal charts.	
608	2. Adult and child tooth charts.	
609	3. Charting of soft tissue disease management and dental anatomy.	
610	b. Decision Support:	
611	1. Ability to support dental triage system to assist nurse on determining need for a dental referral based on information at intake.	
612	c. Patient Education:	
613	1. Ability to provide on-line access to dental patient education materials and ability to print in multiple languages.	
614	d. Ability to upload and capture data for field preventive sealant visits.	
615	27. OBSTETRICS	
616	a. Ability to link all OB encounters, orders for ancillary services and results to create a comprehensive listing of services and outcomes for the episode of care for one pregnancy.	
617	b. Ability to track when the pregnancy is completed and the outcome.	
618	c. Capture estimated due date and date of last menstrual period.	
619	d. Ability to capture HIPAA OB transaction data.	
620	28. TUBERCULOSIS	
621	a. Ability to compile all historical tuberculosis information: all previous PPD's and results, all previous CXR orders, links to CXR results, all sputum results, any TB medications	
622	29. MEDICAL RECORDS FUNCTIONS	
623	a. System allows for a simple method to print entire chart, either to a printer or to a fax number.	
624	b. System allows for a simple method to print entire chart to PDF format on a CD ROM.	
625	c. System allows for a simple method to print a select portion of the chart (by date range, by note type, by physician, etc) to a printer or to a fax number.	
626	d. System allows for a simple method to print a select portion of the chart (as above) to PDF format on a CD ROM.	
627	e. Medical Record Chart Function allows for nested folders of at least 1 level inside the main folder.	
628	f. Ability to stage implementation of system from a point certain forward for all new medical records, dental records and pharmacy records	
629	g. Ability to link our existing medical numbering system on our folders to medical numbering system in proposed solution	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
630	h. Ability to track physical medical records until system is fully implemented	
631	i. Sites where physical medical record folders will be "scanned in" or "out" are user defined	
632	j. System has ability to generate new medical records sticker for old physical medical record	
633	k. Ability to scan external forms (correspondence, radiological reports, and other clinical ancillaries) to Medical Record	
634	l. Ability to add indexed fields to scanned forms (e.g. correspondence)	
635	m. Ability to provide an audit trail of all persons who access, add new and/or modify information in any individual record	
636	n. System automatically time stamps down to the minute, preferably second, access, additions and/or modifications of medical record	
637	o. Ability to generate reminder notices for immunizations, annual paps, etc	
638	p. Ability to define date parameters and print or capture all data, documents, encounters, notes, etc. in system to printer or fax modem for that specified date range for specific patient	
639	q. Ability to improve accuracy and standardization of care and comply with standards such as CMS and HIPAA	
640	r. Ability to track Directly Observed Therapy and Directly Observed Preventative Therapy	
641	s. Triage tracking for persons who are established or pre-registered patients	
642	t. Ability to set reminders for: Labs sent out and not returned in a specified period	
643	u. Ability to set reminders for: Letters to be sent reminding patient(s) of upcoming appointments, need for treatment, etc.	
644	v. Ability to auto-generate age from date of birth and display in system and across other screens as necessary	
645	w. Ability to capture immunizations in compliance with CDC National Immunization Guidelines and State of Arizona Immunization Registry	
646	x. Ability to write immunizations back to Arizona Immunization Registry via batch or real-time exchanges	
647	y. Scheduling and Values from CDC Immunization Registry Guidelines integrated (i.e. manufacturer, lot number, etc., not user defined)	
648	z. Ability to select random patient medical records for auditing purposes.	
649	30. PATIENT ACCOUNTING	
650	a. Provides ability to charge items individually or in batches.	
651	b. Ability to display total cost of items when ordered (e.g. test, medication, procedure).	
652	c. Ability to display "out of pocket" cost of items when ordered to provider and patient (See also Referral and Benefits Authorization).	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
653	d. Ability provided for "no charge" items, such as test reruns or Rx fill repeat due to lab/radiology/pharmacy error.	
654	e. Ability to create Charge Master File with description and accompanying prices.	
655	f. Provide ability to charge institutional accounts for activity versus individual client.	
656	g. Ability to send or receive health claims electronically via on-line, real time submission of claims (cartridges, tapes, and other physical media are unacceptable)	
657	h. Ability to perform Cost of Benefits electronically.	
658	i. Ability at registration to query and update to view outstanding balances and collection notes of all accounts for the patient and/or guarantor who is financially responsible (i.e., minor children)	
659	j. Ability to create detailed statement, Explanation of Benefits, for specified period for interested parties, including attorneys	
660	k. Ability to interface on-line, real time with collection system.	
661	l. Ability to interface to a third-party billing system. List compatible ones.	
662	m. Ability to determine if the patient has another active account on the system within a user-defined amount of days.	
663	n. Provide ability to automatically capture charges based on services provided.	
664	o. Ability of guarantor screen to default to self-pay for all patients (except minors) at registration.	
665	p. Provide AHCCCS secondary payer requirements with mandatory completion status for every Medicare registration.	
666	q. Ability to link all active accounts in a household and post charge data from two or more accounts to one statement, one account number without altering number or type of visits recorded in Patient Identification Number	
667	r. Provide capability to retroactively register a patient and post a charge.	
668	s. Provide capability for user-defined sliding scales	
669	t. Ability to post on-line MasterCard, Visa and Debit payments to patient account with electronic signature.	
670	u. CFR21 part11 Electronic Signature or HIPAA approved electronic signature standard.	
671	v. Ability to send or receive payment or remittance advice electronically and post payments within 24 hours.	
672	w. Ability for Accounts Receivable to post payments, adjustments, and refunds based on each patient's insurance contract.	
673	x. Ability to print on-demand statements for patient at time of service.	
674	y. Ability to select claims for payment that meet user-defined criteria	
675	z. Ability to automatically assign accounts to collection based on user specified criteria (e.g. number of days delinquent, minimum outstanding, first letter of employee last name).	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
676	aa. Support entry of comments for individual visits, three memo field up to 255 characters each field, one memo field up to 64,000 characters	
677	31. GENERAL SYSTEM FUNCTIONS	
678	a. Multi-Entity	
679	1. Provide a multi-facility longitudinal system with linkages to other computer systems, as required.	
680	a. Uses open architecture and can be interfaced/integrated with other applications.	
681	b. System is HIPAA compliant, will be system certified, and adheres to all regulatory body requirements.	
682	c. Support purging (i.e. archiving) of system data, as defined by department.	
683	d. Support a "secondary" system for research purposes.	
684	2. Ability to restrict access to medical record by providers to specific clinics and/or locations	
685	b. Support a Master Patient Index (MPI)	
686	1. System supports a Master Patient Index (MPI).	
687	2. Functionality to minimize occurrence of duplicate patients e.g. system will not allow second patient with same SS#).	
688	a. Ability to view MPI by enterprise or by facility.	
689	b. Ability to link same patient records on same vendor's system at different facilities.	
690	c. Provide several defined patient list formats. These lists are produced by a clinician signing on.	
691	d. Indicators are provided on patient lists as defined above, which indicate new, abnormal, or critical data.	
692	e. Patient lists will display multiple patients per screen.	
693	f. Provide each clinician with his/her clients (i.e. default list) that are active and open, with patient demographics, and diagnosis and/or service.	
694	g. Provide clinician with a display of his/her Group/Team's clients that are active and open, with patient demographics, and length of stay by diagnosis and/or service.	
695	h. The caregiver may select a different patient list as a default sign-on screen for different locations, programs.	
696	i. The caregiver may select a different patient list from the chosen default list.	
697	j. Provide a list of all previously seen patients for whom new data is available.	
698	k. The caregiver can print on-demand a copy of patient list.	
699	3. User can locate inmates using several methods (e.g. by Name, SSN, medical record number, Service/Program, Housing Unit, etc.).	
700	c. Tables And Master Files	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
701	1. Provide multi-facility, multi-provider (i.e. role based) based set of tables and master files.	
702	2. Provide GUI utility to allow system administrators to build tables and master files in a hierarchical relationship (e.g. built at the enterprise level, then facility level, then at the provider type level, then at the provider level.).	
703	3. Provide a utility to load industry standard dictionaries and master files.	
704	d. Clinical Access View	
705	1. Provide secure online and real-time access both locally and remotely via the Internet to system for client demographics, location, and census information, via integrated desktop work environment.	
706	2. Provide secure online and real-time access both locally and remotely via the Internet to Data Repository for medical and clinical information, including treatment plans, progress notes, and assessments.	
707	3. Provide secure online and real-time access both locally and remotely via the Internet to Order Entry for transmission of orders, and status check on orders.	
708	4. Provide online access both locally and remotely via the Internet to staff and on-call schedules.	
709	5. Provides ability to conform to Health System patient confidentiality requirements.	
710	6. Provide context based switching between application modules (e.g., no need to re-identify patient when switching applications).	
711	7. Provide each clinician with display and printed listing of his/her clients that are active and open, with patient demographics, and diagnosis and/or service.	
712	8. Provide each clinician with display and printed listing of his/her Group/Team's clients that are active and open, with patient demographics, and length of stay by diagnosis and/or service.	
713	9. Provides several defined patient lists specific to clinician.	
714	10. A list of all previously seen clients for whom new data is available.	
715	11. The caregiver may select a different patient lists based on different rules , i.e., inpatient lists for inpatient sign-on, office schedule lists for office sign-on, and so forth.	
716	12. Patient lists as defined above will display multiple patients per screen.	
717	13. The caregiver can print, easily, a copy of the above list.	
718	14. Color indicators are provided on patient list screens as defined above, which indicate new, abnormal, or critical data and the data is easily accessible.	
719	15. Provide online prompts where signatures or co-signatures are required in the completion of medical records documentation to avoid charting deficiencies.	
720	16. Provide online access both locally and remotely via the Internet to one or more databases (e.g., Medline) of bibliographic information.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
721	17. Provide online access both locally and remotely via the Internet to drug information databases and texts.	
722	18. The system allows for specific views (e.g. role based displays) via a person's sign on code.	
723	e. Clinical Decision Support System (CDS)	
724	1. Ability to configure the timing/location/frequency of alerts to support vs. control care.	
725	2. Incorporates a best practices library of interdisciplinary evidence based rules/alerts developed at leading institutions.	
726	3. Provide ability to interface with third-party reference databases, (Medline, PDR, etc).	
727	4. Ability to easily access or link to references used in writing evidence-based guidelines.	
728	5. Allow integration of external rules databases (e.g. Micromedix) into the ordering process.	
729	6. Allows development of department specific rules and alerts that can be applied to library.	
730	7. Ability for reminders/alerts to be differentiated by clinical category (e.g. radiology studies, medication order checks, lab).	
731	8. Provide time based checks (e.g. health screen intervals, assessments, drug monitoring ,etc.).	
732	9. Ability to prioritize levels of alerts specific to department.	
733	10. Ability to route alerts as defined by department.	
734	11. Uses rules to interpret specific but varied client data points to determine if a reminder should be generated.	
735	12. Provide rules based event detection.	
736	13. Ability to escalate non-response, as defined by department, to an alert will automatically escalate alert to another user.	
737	14. Ability to configure method of alert notification using variety of methods (e.g., priority e-mail, pager, screen pop-up, etc.).	
738	15. Provides relevant information display (e.g., ancillary or reference information pertinent to an action as defined by department.).	
739	16. Ability to identify clearly abnormal values (abnormal criteria can be based on standard sets or on client defined normal).	
740	17. Ability to display reminders/alerts based on past history, including social/family history as well as medical history.	
741	18. Ability to identify and clearly display safety issues, such as allergies and response to allergen.	
742	19. Ability to provide alerts regarding "medical necessity".	
743	20. Warns users of dangerous clinical states with access to incidents, outcomes, and assessment data.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
744	21. Ability, via alert to interactively order and document care against system and client defined rules (e.g., department guidelines).	
745	22. Ability to note and log response to alert.	
746	23. Ability to print alerts on-demand.	
747	24. Ability to log alerts.	
748	25. Provide reminders linked to problems on problem list.	
749	26. Recommends diagnosis based on assessment data entered.	
750	27. User can look up definition of diagnosis.	
751	28. Recommends standard clinical pathway or protocol based on medical diagnoses entered.	
752	29. Provides pre-selected treatment plans when provisional diagnosis is entered for patient encounter.	
753	30. Provide suggestions for treatment, diagnosis, etc. based on literature and user/clinician definition.	
754	31. Recommends preventive medical interventions.	
755	32. User can look up definition of interventions.	
756	33. Provides list of possible activities based on intervention selected.	
757	34. Support standard sets of "normals" for findings.	
758	35. Support expedited template-based findings.	
759	36. Utilize iconic interface using human anatomy images.	
760	37. Support RN triage screening system for use at jail intake, with pathways/guidelines.	
761	38. Support system to track disease outbreaks, including ability to link clients to an initiating case.	
762	f. Controlled Medical Vocabulary (CMV)	
763	1. Incorporates multiple controlled Vocabularies and Standard Code Sets.	
764	a. Support local, regional, national vocabularies; updates.	
765	b. Use vocabulary control on all appropriate fields.	
766	c. Use enhanced versions of ICD-9-CM as principle for the controlled vocabulary with ability to support ICD-10-CM.	
767	d. Use Logical Observation Identifier Names and Codes (LOINC).	
768	e. Use Home Care Financing Administration Common Procedural Coding System (HCPCS).	
769	f. Use National Drug Code (NDC).	
770	g. Use National Council for Processing Prescription Drug Programs (NCPDP).	
771	h. Use Diagnosis Related Group Number (DRG).	
772	i. Use Claim Adjustment Reason Codes.	
773	j. Use Remittance Remarks Codes.	
774	k. Use another recognized vocabulary source.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
775	l. Flexibility to support SNOMED code set at such time as this becomes a community standard.	
776	2. Relationships between Code Sets clearly defined.	
777	3. Standard Code Sets mapped with a common Dictionary Definition.	
778	4. Attributes for each data element; support all data types.	
779	5. Supports static/dynamic data element relationships.	
780	6. Accommodate new, unforeseen codes, data elements.	
781	7. Ability to Recognize Semantic Differences (e.g. Heart and Cardiac).	
782	8. Controlled on-line data; can use different descriptions but get consistent display of a term (e.g. CBC, blood count).	
783	9. CMV is part of database with open functionality and can interface to other applications (Service-Oriented Architecture).	
784	g. Clinical Pathways and Guidelines	
785	1. Provide industry standard pathways and guidelines.	
786	2. Ability to modify any provided sets of pathways and guidelines.	
787	3. Provide the capability to develop custom department pathways and guidelines.	
788	4. Pathways and guidelines are tied to the generation of treatment plans and assessments.	
789	5. Can be displayed as a calendar of clinical events to be accomplished.	
790	6. Can be displayed organized by care provider type (e.g., Therapist, Psychiatrist, Nurse, Physicians, Clinicians, etc.).	
791	7. Offer medical & mental health diagnosis decision matrix that addresses continuity of interventions in treatment planning.	
792	8. Provide dual diagnosis decision matrix that addresses the continuity of interventions in treatment planning following:	
793	a. Low severity mental illness/low severity substance abuse.	
794	b. Severe and persistent mental illness/substance abuse.	
795	c. Low severity psychiatric disorder/high severity substance disorder.	
796	d. Severe and persistent mental illness/high severity substance disorder.	
797	e. High severity psychiatric but not severe and persistent mental illness/high severity substance disorder.	
798	9. Ability to set reminders for upcoming patient appointments, labs sent out and not returned for a specified period of time, and letters to be sent reminding patient(s) of upcoming appointments, need for treatment, etc	
799	h. Cost Measuring and Quality Assurance	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
800	1. Built-in mechanisms/access to other systems to capture cost information.	
801	2. Access to other systems to capture cost information, employing quality measurement tools.	
802	3. Collects cost/quality information.	
803	4. Cost, quality, severity information structured to influence clinician decisions.	
804	5. Support multiple EDI Financial links.	
805	i. Integrated E-Mail (Secure Clinical Messaging)	
806	1. Ability to Communicate Clinical Information through Secure E-Mail.	
807	2. Ability to Conference (i.e., chat) on-line.	
808	3. Allow for both administrative and patient-centric email.	
809	4. Patient-centric email is posted to the patient's medical chart.	
810	5. Allow user messages and comments to be sent from one entity to another.	
811	6. Allow group email to staff, with groups defined by department administrator.	
812	j. Access (Log-On)	
813	1. Provide on-line access both locally and remotely via the Internet to system via integrated desktop environment.	
814	a. Display an on-line message at department designated points warning users that a record of their access is being maintained.	
815	b. Data sent over the public network is encrypted (e.g., uses secured socket layer).	
816	2. System access is secured via encrypted passwords and user identifications	
817	a. Support multiple security levels.	
818	1. Role based where User Groups are created with access levels, and individuals are assigned to those groups.	
819	2. User based where each individual user is assigned the approved access levels.	
820	3. Maintain an emergency access login that has the password reset after each use.	
821	b. Support industry standard, Arizona State approved, electronic signatures.	
822	1. Provide on-line signatures or co-signatures where required to complete medical records documentation.	
823	c. Password attempts are restricted, per department rules.	
824	1. Display on-line alert (optional report) to a designated PC when certain, department specified security violations occur.	
825	2. System provides a 'disable warning' if a user's password is entered incorrectly a specified number of times.	
826	3. Support automatic audit trail for all accesses.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
827	4. Provide means to limit the number of log in attempts.	
828	5. Support automatic analysis of audit trails/unauthorized access attempts.	
829	6. Warns system designed user(s), in real time when user has tried to access restricted data as defined by department.	
830	7. Password resets are required, per department defined schedule.	
831	8. Password cannot be saved on the desktop (i.e. must be re-entered for every log-in).	
832	9. Provide alternate user authentication methods other than the typical keypad entered user id and password.	
833	3. Access to functions within the system are automatically controlled by secure user profiles.	
834	a. Allow authorized user (System Administrator) to create, modify, and cancel user profiles (with reason code).	
835	b. Create documentation of new, modified, and canceled user profiles.	
836	c. Restrict access for given functions by location or designation of PC and/or time of day, day of week.	
837	1. User accounts can be built with expiration dates (temporary employees).	
838	2. Users can be connected to a group and gain resource access at the group level.	
839	3. User may belong to more than one security group.	
840	4. Require users to change passwords every x days as specified by the security administrator.	
841	5. Designated users can not be signed on to more than one PCI (device) at a time .	
842	6. Allow multilevel, read-only access to the system by authorized personnel only.	
843	d. Restrict additions to, changes to, and/or deletion of records by security level to only those authorized.	
844	e. At user's request, print management report of security access by application and by department.	
845	f. Provide a report of user's activity per sign-on for productivity tracking.	
846	g. Provide a report of user Logon ID's not used for a specified time.	
847	h. Provide a report whereby a user can list the names of all who have accessed a specific patient's record.	
848	i. Ability to process files from Human Resources system for terminated employees, and automatically turns off access.	
849	4. Response time and availability:	
850	a. Response times: in 2 seconds or less 99 percent of the time. Sub-second response time 98 percent of the time.	
851	b. Support redundancy/fault tolerance access.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
852	c. System availability in excess of 99 percent excluding planned maintenance.	
853	d. Time-out occurs, per department rules (e.g. PC specific, User specific, User Role specific).	
854	5. Ability to support multiple users.	
855	a. Supports a minimum of 150 concurrent users.	
856	b. Log all transaction processing and archiving.	
857	c. Support write-locking mechanism to prevent unauthorized updates.	
858	d. The system allows multiple users to access the same patient record simultaneously.	
859	e. Alert simultaneous users of each other's presence on the same record.	
860	f. Print at authorized user request, an audit report of every transaction initiated on the system (HIPPA compliant).	
861	6. Patient confidentiality can be protected, per HIPPA regulations, when data is extracted from repository through encryption.	
862	k. Screen Displays	
863	1. Graphical rather than text based user interface.	
864	2. Ergonomic presentation.	
865	a. Support user-friendly movement across the system.	
866	b. Engineered with human factors emphasis.	
867	c. Rapid screen "painting".	
868	d. Provide consistent information and graphical queues.	
869	3. Ability to display updates or changes (e.g., edit an entry) in "real-time".	
870	4. Navigation through display well-organized and easy to use.	
871	5. Standardized screen design.	
872	6. User is able to identify where the current display is in the whole record (e.g. site map).	
873	7. Patient information (e.g. name, medical record #) clearly displayed on each page specific to that individual's system.	
874	8. Support simultaneous User Views in the system.	
875	a. Support tailored specialty views at enterprise level.	
876	b. Support departmental specific user views.	
877	c. Support different views for different users.	
878	9. Provide views of patient data based upon user needs (e.g.. Clinician, Pharmacist, Administrative, Medical Records):	
879	a. Clinician view.	
880	b. Therapist view.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
881	c. Pharmacist view.	
882	d. Administrator view.	
883	e. Quality Assurance view.	
884	f. Medical Records view.	
885	g. Parent Child Health view.	
886	h. Immunization view.	
887	i. Managed Care view.	
888	j. Dental view.	
889	10. Provide the ability to "flip through" the patient data in a manner similar to reviewing a paper chart.	
890	11. Provide key data as defined by the user (e.g., problem list, allergies) on a single screen.	
891	12. Provide access to patient data with minimal menu selections, including sign-on.	
892	13. Provide graphical capabilities for viewing data trends.	
893	14. Provide screen print capabilities of any screen, including screens with graphical displays.	
894	l. Data Entry	
895	1. Allows point of care entry/display.	
896	a. Utilize hand held devices (i.e., wireless) or a PC.	
897	b. Easy to use entry device (e.g., keyboard, touch pad) at point of care.	
898	2. Engineered with human factors emphasis.	
899	a. Easy data entry (e.g. uses drop-down lists) for all fields.	
900	b. Input protocol is easy/fast; intuitive input interface.	
901	c. Display is easy to read.	
902	3. Common data is entered once (e.g. patient name) and displayed without requiring redundant data entry.	
903	4. System prevents users from moving to the next field (minimum next screen) if error or omissions exists.	
904	5. Ensure dynamic documentation during encounter complying with all coding rules.	
905	6. Critical fields have on-line Help (data dictionary name and codes) for easy reference and look-up.	
906	7. Provide dynamic redesign of workflow for efficiency.	
907	8. System supports efficient workflow for user (makes job easier rather than harder):	
908	a. Charting by exception as much as possible.	
909	b. Use Microsoft word processing functions (e.g. formatting, cut-n-paste, spell check, paragraph control, and bullets).	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
910	c. Seamless integration with Microsoft Word for creation, editing, spell checking of notes using Microsoft templates.	
911	d. Point and click choices.	
912	e. Minimize required free text.	
913	f. Provide structured format and content.	
914	g. Provide predefined list of words/phrases for specified: subtopics; diagnosis; interventions; procedures; findings; etc.	
915	h. Note format and template can be customized based on the type of note.	
916	i. Templates can be customized by specialty, location, problems, and provider.	
917	j. Verbiage such as "canned" phrases or data elements are available for note types and contents	
918	k. Multiple means provided for notes entry - e.g. keyboard, mouse, handheld portable device, voice and to edit notes	
919	l. Support downloads from a dictation/transcription system for inclusion of clinician's progress notes.	
920	m. Supports downloads from voice recognition software as integral part of notes.	
921	n. Ability to link notes with problems by patient.	
922	o. Type of notes entry allowed can be configured based on role.	
923	p. Support unlimited number of user definable time period views of notes (e.g. today, current week, monthly).	
924	m. Screen Builder	
925	1. Provide online screen building utility enabling authorized users to place data elements (from data dictionary) onto screen.	
926	2. Provide edit options for each data element (e.g., Mandatory, optional, default, etc)	
927	3. Provide input format attributes for each data element (e.g., any text, alpha, numeric, dollar, etc)	
928	4. Allow department to compose functions by linking screens into fixed or variable sequences, based on edit and format rules.	
929	5. Distinguish between test versus production libraries of screens and functions.	
930	6. Allow the department to label fields on screens and reports consistently with department's terminology, without program code changes.	
931	7. Provide graphic building capabilities including (e.g., line drawing, drag-and-drop, color formatting, etc)	
932	8. System allows new data elements to be added dynamically.	
933	n. Report Generator	
934	1. Ability for authorized employee's without programming skills to generate reports related to any identifier in the system.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
935	2. Report generator is integrated into the production side of the EMR for basic reports.	
936	o. Standard Reports	
937	1. System has standard reports which can be easily adapted by individuals without programming experience	
938	2. Provide standardized formatting on all reports, including:	
939	a. Standard report headings and formats.	
940	b. Report will include definition of a printed code.	
941	c. Ability to define routes to printers by report type/process.	
942	d. Ability to track distribution of reports on-line.	
943	e. Ability to define number of reports to print.	
944	f. Ability to define only portions of a report to print.	
945	g. Ability to define automatic report schedules if desired.	
946	h. Ability to print (both scheduled and on-demand) or display (at user's option).	
947	i. Ability to be produced in either summary or detail format (at user's option).	
948	j. Ability to select a specified time period (e.g.. by day, by week, by month, etc.).	
949	k. Clinic Activity and Encounter reports for each area.	
950	l. Demographic Reports.	
951	m. Productivity Reports.	
952	n. Diagnostic / Prevalence Reports.	
953	o. Positivity Rates.	
954	p. Serology Reports.	
955	q. Medications administered.	
956	r. Billing Reports.	
957	s. Ability to generate an audit report showing usage of online verification of insurance eligibility	
958	t. Ability to generate report of all purged "no show pre-registered clients" as new	
959	u. Ability to capture all pertinent data required to complete all federal, state, and other third party programs and reports.	
960	v. Generate and display or print, at user's option, user-defined period (daily or monthly) activity reports listing pre-registration or registration activity by location, care provider, service, by patients or other user-defined criteria. Include YTD totals	
961	w. Ability to generate report of lab results, which have not been reviewed by provider or their delegate	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
962	x. Ability to generate report of all lab requisitions sent out by user defined date parameters by provider by testing laboratory.	
963	y. Ability to generate report of all lab results received and entered into EMR by user-defined date parameters, provider, technician and/or testing laboratory	
964	z. Ability to generate report of patients for whom lab requisitions have been submitted with multiple lab tests ordered, and results from all lab tests have not yet been reported.	
965	aa. Ability to generate report of all lab tests by laboratory technician.	
966	3. Provide standard reports that correspond to existing documents in the paper chart.	
967	a. Allow department to customize any standard report.	
968	4. Database supports more complex customized report writing using industry-standard reporting tool (indicate tool utilized in comments - e.g., crystal reports, etc).	
969	5. Ability to perform patient flow analysis throughout all logical sites of patient and clinical contact (eg. intake, pre-registration, registration/walk-in to appointment to registration to nurse's station, to room, entry of provider, completion interaction with provider, to check out).	
970	6. Ability to create custom templates compatible with MSWord populated by fields from Patient Identification Number, e.g. correspondence to patient.	
971	p. Pharmacy Tracking (Please indicate if you have functionality to support the following sequence of steps)	
972	1. Medication is ordered in the medication ordering module, a tracking number (order number) is generated. A receiving log is generated in the pharmacy module indicating that a certain order number is "due".	
973	2. Medication is transmitted electronically to pharmacy or pharmacy vendor via interface.	
974	3. Pharmacy fills medication and puts the order number on the label in barcode format.	
975	4. Facility receives medications from pharmacy and opens the receiving log function. A clerk scans all of the bar-codes to enter them into the system and to subtract them from the "medication due to the facility" list.	
976	5. When each medication is scanned, the room number on the label is checked against the current room number in JMS. If there is a discrepancy, the room number of the prisoner pops up to indicate to the staff where the medication needs to be delivered.	
977	q. Nursing treatments (Please indicate if you have functionality to support the following sequence of steps)	
978	1. A medication needs to be delivered or administered.	
979	2. A "reminder" or "tickler" type list is generated for that to take into consideration whether the medication is a Keep on Person medication (delivered once per 15 days) or a Direct Observe Medication (each dose administered individually).	
980	3. Nurses or pharm techs would then distribute or administer the medication to the patient.	
981	4. They would log into their remote device at the start of their shift.	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
982	5. Scan the prisoner's ID barcode or put in his number.	
983	6. Scan the medication bar code.	
984	7. The system records the date, nurse, time, and puts it into memory of the handheld device.	
985	8. For treatments, the nurse would print out a treatment list or download it to the handheld. This would need to be sorted by room / building / etc	
986	9. They would scan the prisoner's barcode or enter his number.	
987	10. They would then perform the procedure / treatment / etc and enter the results into the handled device. This would be for wound care, blood pressure checks, blood sugar checks, withdrawal assessments, neuro checks, and any other variety of nursing treatment	
988	11. The nurses would also need to have entry codes for all medications and treatments to accommodate exceptions: patient refused, patient in court, pt released from jail, etc.	
989	12. They would then come back and synchronize their handheld device with the main system.	
990	13. The data populates the real-time Medication Administration Screen that we can access from the chart.	
991	r. Dictation Interface with Dictaphone Technologies or equivalent (Please indicate if you have functionality to support the following steps)	
992	1. Dictaphone's technology can be either in-house or ASP based.	
993	2. Develop a behind-the-scenes interface to Dictaphone servers at the database level.	
994	3. Patient is scheduled and their "note status" is shown on the physician desktop or downloaded to a handheld pocket PC.	
995	4. Physician sees patient, dictates note(s).	
996	5. If on a PC, status changes from "not dictated" to "dictated" and any user can look up that patient visit, note and listen to it.	
997	6. Once note is edited, transcribed, and finalized, the text replaces the sound file in the chart.	
998	7. If on Handheld, the handheld is synchronized and the status changes to "dictated" as above.	
999	8. All editing, voice recognition, transcribing will be done on the Dictaphone system, electronic signing of notes will be in the EMR.	
1000	s. Staff Scheduling	
1001	1. Scheduling module allows flexible scheduling based on provider, location, resources, room, length of visit, calendar days.	
1002	2. Scheduling module allows for easy re-scheduling of appointments.	
1003	3. Scheduling module allows various levels of staff to develop schedules (nurses, mental health professionals, etc).	

ATTACHMENT E

EHR SYSTEM SPECIFICATIONS CHECKLIST (Mandatory)

Ref No.	Requirements Description	Resp.
1004	4. Scheduling module allows for printing of schedule without clinical information.	
1005	5. Scheduling module allows printing of appointment letters in advance of the appointment individually or in a batch.	
1006	t. Chart Completion	
1007	1. System checks for incomplete charts vs. facility timelines to determine if orders have not been signed in time, if notes are missing, if results are missing	
1008	u. Standard Patient Billing	
1009	v. Bar-coding capabilities	
1010	1. Bar-coded charts with chart tracking.	
1011	2. Bar-coded encounter labels for specific visits and labs.	
1012	3. Bar-coded products for pharmacy, supplies.	
1013	33. INTERFACES AND COMPATIBLE PROGRAMS	
1014	a. Ability to, in real-time, interface with Sheriff's Office offender management system (JMS) as well as the Iris Scan Database (Iridian Technologies) to capture Initial Receiving data.	
1015	1. Ability to enter data directly into the system when JMS interface is unavailable.	
1016	2. Ability to automatically synchronize JMS and EHR systems when interface becomes available again.	
1017	a. When synchronization occurs, notify System Administrator, via priority e-mail, when data discrepancies occur.	
1018	b. Produce exception report of data fields in conflict.	
1019	b. Interfaces	
1020	1. Ability to generate CSV file to interface STD data to ADHS.	
1021	2. Ability to generate CSV file for variables required by AZ Family Planning Council grant	
1022	3. Ability to interface (bi-directional) to the Arizona State Immunization Information System.	
1023	4. Ability to interface to GE Centricity RA600 Digital X-Ray System	
1024	5. Bi-directional (order and results) HL7 interface, so results will auto populate individual medical records as soon as each test is performed and results are entered	

ATTACHMENT F

EHR SYSTEM FUNCTIONALITY FOR FUTURE CONSIDERATION (Mandatory)

NOTE: This attachment is provided for review and discussion purposes only and are subject to change. The final version of the document will be provided post the Pre Bidders Conference and the response to Respondent's questions have been distributed.

Response	Response Key
1	Part of the Core System
2	Provided Through the Use of a Third Party
3	Enhancement (Please be sure to cross reference requirements with a response of 3 in the Pricing Attachment)

Ref No.	Requirements Description	Resp.
1	1. ASSIGNMENT OF MEDICAL RECORD NUMBER	
2	a. Assign Medical Record Number for first time offenders/patients.	
3	1. Allow for not assigning Medical Record Number for clients who do not show and have never been seen before.	
4	2. PRE-REGISTRATION/REGISTRATION/INTAKE	
5	a. Ability to search on patient name using phonetic capabilities, such as Soundex	
6	b. Ability to alert when more than one patient has the same/similar common name	
7	c. Automatically check for duplicate registration using client name and date of birth (or date of birth and SSN or Insurance number (Medicare, AHCCCS with system algorithm)	
8	d. Additional user defined fields to include as examples but not limited to:	
9	1. Transportation needed by third party	
10	2. CDI Number to associate electronic interview notes with Epidemiology investigation	
11	3. Latitude and longitude for each record, preferably in the address table so each address can have its own latitude and longitude	
12	e. Provide ability to execute field edits on data such as address or telephone number.	
13	f. Enable users to identify user-defined classes of clients (e.g., employees, special needs, potentially dangerous, high risk exposure) who warrant special consideration as defined by the user, with a flag or code on relevant inquiries and reports.	
14	g. Display auto-generated age on pre-registration screen.	
15	h. Link all persons in the same household - unrelated or related persons living together. Note: Person may be associated with more than one household	

ATTACHMENT F

EHR SYSTEM FUNCTIONALITY FOR FUTURE CONSIDERATION (Mandatory)

Ref No.	Requirements Description	Resp.
16	i. Provide ability to accommodate walk-ins and call-ins without the need to establish a formal appointment.	
17	j. Provide ability to verify insurance eligibility on-line, real-time, with all major payers in accordance with HIPAA transaction and code set standards	
18	k. Ability to print selected registration instructions in multiple languages including English and Spanish	
19	l. Co pay amounts automatically generated at time of scheduling and highlighted on registration screen.	
20	m. Provide ability to scan patient provided source documents into the system (including but not limited to employment status documents, proof of income, and insurance).	
21	n. Provide ability to capture percent of poverty level	
22	o. Provide ability to look back at pre-registration screen during registration process.	
23	p. Automatically capture user who registered appointment.	
24	q. Provide the ability during the registration process to write data from Insurance Patient ID field to Department Control Number field (primary key on Arizona Department of Health Immunization Registry) when the patient has AHCCCS	
25	r. System includes appropriate interface options to allow for full implementation of Call Center-based computer telephone integration	
26	3. ENCOUNTERS	
27	a. Ability to generate encounters in a variety of areas of medicine, including but not limited to pharmacy, medicine, dental, Family Planning, STD that satisfied AHCCCS standards	
28	b. Provide capability to generate user-defined encounter form in compliance with HIPAA standards: ANS ASC X 12N Version 4010 standards with HL7 compliant patient demographics, including gender identification	
29	c. Maintain entity and user-specific logs of all encounters including: date, time, client disposition, final diagnosis, care provider name, language spoken, and free text field	
30	d. Ability of system to generate discharge instruction sheets: physical limitations, follow-up date and time, when to return to work, when to call provider, etc.	
31	4. EDITING OF ORDERS	
32	a. Allow the following methods of order entry:	
33	1. Entry through voice recognition allowed.	
34	5. CONSENTS, RELEASE OF INFORMATION, REFUSALS	
35	a. System provides capability to track and maintain effective date and revision dates for Notice of Privacy.	
36	b. System provides capability to generate Notice of Information Practices that states the uses and disclosures organization intends to make with Protected Health Information as required by HIPAA	

ATTACHMENT F

EHR SYSTEM FUNCTIONALITY FOR FUTURE CONSIDERATION (Mandatory)

Ref No.	Requirements Description	Resp.
37	1. Provide capability to capture and display status of HIPAA consents and authorizations with expiration dates.	
38	c. System automatically notifies user if a HIPAA consent/authorization is missing or outdated.	
39	d. System automatically notifies user if user defined Content/Authorization to Treat form is Missing	
40	e. Report Generator	
41	1. Ability to generate mailing labels.	
42	f. Standard Reports	
43	1. Provide standardized formatting on all reports, including:	
44	a. Ability to generate standard A/R reports with user-defined date parameters by payer status	
45	b. Ability to generate ad hoc A/R reports with user-defined field	
46	c. Ability to generate referral trend summary reports listing referring provider, number, costs, YTD totals and practice-to-date	
47	d. Ability to generate aged accounts receivable report sorted by insurance company	
48	2. Grant Reporting	
49	a. Ability to generate Title V grant report.	
50	b. Ability to generate Title X grant report	
51	c. Ability to generate UDS reports	
52	d. Ability to generate Vaccines For Children report	
53	e. Ability to generate Tuberculosis ADHS grant report	
54	f. Ability to generate Tuberculosis Federal grant report	
55	g. Ability to generate Tuberculosis "Craig Foundation 1106" report	
56	h. Ability to generate Refugee treatment report	
57	i. Ability to generate Hansens treatment report	
58	g. Standard Patient Billing	
59	1. Both electronic and paper formats using industry standards (CMS) and HIPAA compliant.	
60	6. POINT OF SALE	
61	a. System has a Point of Sale functionality	
62	b. Ability to order medical supplies	
63	c. Automatically decrement medical supplies real-time from inventory.	
64	d. Ability to bill medical supplies on a periodic basis to individual and company clients.	
65	e. Ability to sell medical equipment and supplies to non-patients without registration (POS System)	

ATTACHMENT F

EHR SYSTEM FUNCTIONALITY FOR FUTURE CONSIDERATION (Mandatory)

Ref No.	Requirements Description	Resp.
66	7. INTERFACES AND COMPATIBLE PROGRAMS	
67	a. Compatible Programs	
68	1. List All Compatible POS Programs and level of integration (if there are compatible systems, answer yes below, that they are part of the core system and use comment section below to list the specific programs, otherwise answer no below)	
69	2. List All Credit Card Processors Supported (if there are compatible systems, answer yes below, that they are part of the core system and use comment section below to list the specific programs, otherwise answer no below)	
70	3. List All GIS and level of integration (if there are compatible systems, answer yes below, that they are part of the core system and use comment section below to list the specific programs, otherwise answer no below)	
71	4. List All Compatible Dental Programs and level of integration (if there are compatible systems, answer yes below, that they are part of the core system and use comment section below to list the specific programs, otherwise answer no below)	
72	5. List All Compatible Pharmacy Programs and level of integration (if there are compatible systems, answer yes below, that they are part of the core system and use comment section below to list the specific programs, otherwise answer no below)	
73	6. List All Compatible Case Management Programs and level of integration (if there are compatible systems, answer yes below, that they are part of the core system and use comment section below to list the specific programs, otherwise answer no below)	
74	7. List All Compatible Disease Surveillance Programs and level of integration (if there are compatible systems, answer yes below, that they are part of the core system and use comment section below to list the specific programs, otherwise answer no below)	

ATTACHMENT G

QUESTIONNAIRE (Mandatory)

Please provide clear, thorough, responses to the following questions regarding:
IRIS SCAN INTEGRATION, IMAGE SYSTEM INTEGRATION, and HHS EMR

IRIS SCAN INTEGRATION

1. Does your organization offer an iris scan module, component or product as a part of an integrated system solution?

2. Does your organization have any experience with integrating an iris scan (or other biometric solution) as part of intake/assessment, and/or used for creation of a unique identifier? If so please identify: Vendor Name, Product Name, Version of product integrated and in depth description of the integration and number and names of the locations of the installations using the system.

IF ANSWERS TO QUESTION's 1 & 2 were NO – Please skip to question #6

3. What biometric and data interchange standards (both Federal and Industry) does the product(s) use for sharing Iris Scan biometric data?

4. How does the Iris Scan, Biometric captured data tie into or generate a unique record/inmate identifier?

5. What product(s) would you recommend in your proposed solution for our environment (if a Third Party Product is applicable)? Note: If the Respondent requires the use of the third party to provide this functionality, please incorporate the cost of this system into the response in Attachment E as an enhancement through a third party. The County is requesting the Respondents to provide a full cost estimate of implementing the System.

6. If your organization has no experience with utilizing Iris Scan as means of creating a Unique Record/Inmate Identifier - By what means does your proposed system create a Unique Record/Inmate Identifier. Please fully describe how this was accomplished in other successful implementations.

IMAGE SYSTEM INTEGRATION

1. Does your proposed solution require, support or recommend the use of an Imaging Server?

   If NO – Skip to HHS EMR Section.

2. What is the function of the Imaging Server and how does it fit into you solution?

3. What imaging solutions (Vendor name, product name, version number, and the name and number of installed occurrences) do you offer and/or that your product has experience interfacing with?

4. What types of documents or data (medical, graphical, pictorial, photographic, etc.) can your imaging products handle (scan or integrate with)?

5. What imaging file formats and data interchange standards (both Federal and Industry) does the product(s) use for filing and sharing images?

6. Which product(s) would you recommend in your proposed solution for our environment? Note: If the Respondent requires the use of the third party to provide this functionality, please incorporate the cost of this system into the response in Attachment E as an enhancement through a third party. The County is requesting the Respondents to provide a full cost estimate of implementing the System

ATTACHMENT G

QUESTIONNAIRE (Mandatory)

7. How do images tie to existing EMR records and what route is taken to get the images to the client workstation from the Image Server? Do the images have to go from the Image Server to the Application then to Client Workstation? Or are the Images sent directly to Client Workstation from the Imaging Server?

8. In the event the Respondent is providing an ASP solution, where do you normally locate the Imaging Server (at the ASP data center or Customer Location)?

9. Depending on question #5, what is your experience on the bandwidth or speed of the connection from the customer site to and from the ASP data center (where the database server(s) and application server(s) are located?

HHS EMR

1. Is your company familiar with the Federal HHS EMR Functional Requirements Specification, version 5.2? (http://bphc.hrsa.gov/chc/emrspecs.asp)

2. Have you filled this out or compared your products capabilities (features, functions, fit) to the items listed in this HHS EMR functional spec? If so, please provide the completed comparison matrix as part of the response to this RFP

ATTACHMENT H
SAMPLE OF A RECENTLY EXECUTED CONTRACT AND SERVICE LEVEL AGREEMENTS (Mandatory)

EXHIBIT 1
VENDOR REGISTRATION PROCEDURES

On-line Vendor Registration at Maricopa County is available NOW!

On November 22, 2004, Maricopa County changed its vendor registration process. Paper forms will no longer be accepted. Vendor registrations will only be accepted through the active website. Register at http://www.maricopa.gov/Materials/

The new process will give you full control over your organizational information. Please be advised however that you are now directly responsible for the presence and accuracy of your company's information.

Vendors currently registered in our system who have changes to their information or have not registered online must establish a new account via the above web site link. Materials Management will no longer post changes to existing vendor records.

Procurement vendors: Be sure to select those commodity codes that best represent the commodities and or services provided by your organization. Non-procurement registrants may ignore the commodity portion.

Registration is **FREE**. You may use any computer with web access for registration, record updating and maintenance.

If you have any questions, email us at VendorReg@mail.maricopa.gov.

EXHIBIT 2

LETTER OF TRANSMITTAL
(To be typed on the letterhead of Offeror)

Maricopa County Department of Materials Management
320 West Lincoln,
Phoenix, Arizona 85003

Re: RFP 06113

To Whom It May Concern:

(NAME OF COMPANY) (Herein referred to as the "RESPONDENT"), hereby submits its response to your Request for Proposal dated _____, and agrees to perform as proposed in their proposal, if awarded the contract. The Respondent shall thereupon be contractually obligated to carry out its responsibilities respecting the services proposed.

Kindly advise this in writing on or before _____ if you should desire to accept this proposal.

Very truly yours,

_____
NAME (please print)

_____
SIGNATURE

_____
TITLE (please print)

EXHIBIT 3

OVERVIEW OF CLINICS/LOCATIONS

Summary of Locations

	# PC's Needed for EHR	# PC's in Place	# Data Ports In
4th Ave. Jail	70	56	197
Lower Buckeye Jail (LBJ)	126	91	171
CHS Administration	91	92	86
Estrella Jails	17	11	24
Durango Jail	19	10	10
Towers Jail	12	6	9
TOTAL	**335**	**266**	**497**

EXHIBIT 3

OVERVIEW OF CLINICS/LOCATIONS

Location: 4th Avenue Jail	# PC's Needed for EHR	# PC's in Place	# Data Ports In	Comments
PRE-INTAKE				
4 Interview Stalls	4	4	8	
1 Telemedicine Station	1	1	2	
1 Back Desk	0	1	2	
1 RN Station	1	1	2	RN Station also has 1 telemedicine PC in place
INTAKE MEDICAL CLINIC				
1 RN Station	4	6	14	This is a scanning station, with 2 PC's with scanners.
1 Medication Room	1	1	1	
1 Nursing Manager's Office	2	1	2	Manager's Office to have 2 work stations.
4 Clinic Hallway interview slots	4	0	8	Wall-mounted flat screens needed. Officer's station will not have an EHR.
5 Clinic Exam Rooms	5	1	20	
1 Mental Health Exam Room	1	1	1	Convert office to mental health interview room.
1 Clinic "Lab" Room	1	1	2	
4TH FLOOR CLINIC				
1 Exam Room	2	0	8	
1 RN Medical Room	0	0	0	
1 Office Area	1	0	2	
3RD FLOOR CLINIC				Clerks housed on this floor.
3 Exam Rooms	3	1	12	
1 Lab Room	0	1	2	
2 Clerk Stations	2	2	4	
1 RN Station	1	0	2	
1 Officer Station	0	0	2	
2ND FLOOR CLINIC				
3 Exam Rooms	3	1	12	
1 Lab Room	0	0	2	
2 Clerk Stations	1	2	6	
1 RN Station	1	0	2	
1 Officer Station	0	0	2	
BASEMENT				
1 Medication Room	1	1	4	
1 Med Storage Area	3	3	3	
1 Lab Room	1	1	4	
1 Med Records/RN Work Area	4	6	10	
1 Medical Records Back Area	8	9	22	
1 Office	1	1	2	
1 Exam Room	1	0	2	
1 Hallway Exam Area	1	0	6	
1 Exam Room	1	0	2	
1 Office	2	1	2	
1 Office	2	1	2	
1 Office	1	1	2	
1 Office	1	1	2	
1 X-ray Area	2	2	6	1 PC on counter; 1 on Fuji System
1 Dental Area	2	3	6	
1 Treatment Area	1	1	4	
Total	70	56	197	

EXHIBIT 3

OVERVIEW OF CLINICS/LOCATIONS

Location: Lower Buckeye Jail	# PC's Needed for EHR	# PC's in Place	# Data Ports In	Comments
PSYCH ANNEX				
6 Exam Rooms	6	6	12	
12 Sm. Interview Rooms	12	0	12	
12 Lg. Interview Rooms	6	0	6	
6 Offices	6	6	6	
6 Nurse's Stations	30	30	30	
MEDICAL INPATIENT				
1 Exam Room	1	0	1	
West RN Station	3	3	8	
West Med Room	1	1	4	
Office # 1109	1	1	2	
Office # 1110	1	1	2	
Office # 1111	1	1	2	
Office # 1112	1	1	2	
1 Nurse Manager	1	1	2	
East RN Station	2	2	2	
1 Lab area	0	1	2	
1 Exam Room	1	1	2	
LBJ TOWER				
6 RN Stations	3	3	12	
6 Exam Rooms	6	0	12	
LBJ TOWER DORMS				
RN Work Desk	0	0		
2 Exam Rooms	2	2	2	
MED SUPPLY AREA				
Executive Office	1	1	2	
Middle Space	4	4	8	Needs 1 scanner
Work Office	3	3	3	
CLINIC				
1 Med/Blood Draw Room	2	2	2	
4 RN Interview Areas	4	0	4	
1 Trauma Room	1	0	1	
1 RN Work Stations	1	1	1	
3 Exam Rooms	3	1	3	
1 RN Main Work Station	3	3	3	
1 Medical Supply Room	2	2	2	
1 RN Prep Room	1	1	1	
1 Clinic File Room	1	1	1	
1 Specialty Appointment	1	1	1	
1 Specialty Exam Rm	2	1	2	
1 Specialty RN Desk	1	0	1	
1 Dental Exam Area	1	0	1	
1 Dental Reception Area	1	1	1	
1 Dental Office	1	2	2	
1 Dental Procedure Rm	1	0	1	
1 Eye Exam Room	1	0	1	
1 Orthopedic Room	0	0	2	
1 File Storage Room	0	0	0	
1 X-ray Room	2	2	2	1 PC is a Fuji
Office C119	1	1	1	
Offices C147-C149; C140	4	4	4	
Total	126	91	171	

EXHIBIT 3

OVERVIEW OF CLINICS/LOCATIONS

Location CHS Administration	# PC's Needed for EHR	# PC's in Place	# Data Ports In	Comments
LBJ ADMIN BLDG				
Office #s 2103-2118	16	16	16	
Admin Area Cubicles	19	19	19	
Training Room # 2717	15	15	8	Splitters Needed
Psych Area Cubicles	12	12	12	
1 Telemedicine Conf. Rm	1	0	1	
1 Workroom	0	2	2	
Office #s 2802-2807, 2809-2811	9	9	9	
CHS DOWNTOWN ADMIN				
Director	1	1	1	
1 Executive Assistant	2	2	2	
Director Assistant	1	1	1	
Finance Manager	1	1	1	
Operations Analyst	1	1	1	
AP/Data Entry	1	1	1	
2 Accountants	2	2	2	
Eligibility Manager	1	1	1	
Receptionist	1	1	1	
Administrative Services Dir.	1	1	1	
Contracts Specialist	1	1	1	
HR Manager	1	1	1	
HR Specialist	1	1	1	
HR Generalist	1	1	1	
3 Payroll Clerks	3	3	3	
Total	91	92	86	

EXHIBIT 3

OVERVIEW OF CLINICS/LOCATIONS

Location: Durango	# PC's Needed for EHR	# PC's in Place	# Data Ports In	Comments
3 Psych Areas	3	2	2	
1 Nurse Manager	1	1	1	
1 Medical Records	1	1	0	
1 RN Station	5	5	6	
1 Triage Area	5	0	0	
1 Medical Room	1	1	1	
3 Exam Rooms	3	0	0	
Total	19	10	10	

Location: Estrella Jail	# PC's Needed for EHR	# PC's in Place	# Data Ports In	Comments
ESTRELLA JAIL				
1 Medical Room	1	1	1	
1 RN Work Station	3	2	5	
1 Medical Reception	2	1	1	
1 RN Work Station	2	1	1	
ESTRELLA SUPPORT BLDG.				
1 Medical Room	1	1	3	
1 RN Work Station	0	2	2	
1 Nurse Supervisor Office	2	2	4	
1 Nurse Manager Office	1	1	1	
3 Exam Rooms	5	0	6	
Total	17	11	24	

Location: Towers Jail	# PC's Needed for EHR	# PC's in Place	# Data Ports In	Comments
1 Medical Records	1	1	0	
1 Medical Room	1	1	2	
1 RN Station	3	2	3	
1 RN Manager Office	1	1	2	
2 Exam Rooms	2	0	0	
1 RN Station	3	0	0	In hallway
Psych Office	1	1	2	
Total	12	6	9	